



Bluebonnet School of Cedar Park

3420 El Salido Parkway
Cedar Park, Texas 78613
(512) 331-9009

Preschool Child Health Requirements

Name of child _____ Date of birth _____

Parent/guardian signature _____ Print name _____

Physician's Name _____ Address _____ Tele. _____

Dentist's Name _____ Address _____ Tele. _____

Child's Health Insurance Company _____ Tele. _____ Group No. _____

Name of Health Insurance Subscriber _____ Policy No. _____

Please help us accommodate any special needs your child may have, allergies, learning disabilities or chronic conditions, such as asthma, hearing or vision problems, feeding needs, developmental issues, neuromuscular conditions, urinary or other health problems, or diabetes.

Please list the names of individuals authorized by the family to have access to the child's health information in addition to school staff.

BEFORE YOUR PRESCHOOL CHILD MAY ATTEND BLUEBONNET SCHOOL, YOU MUST SUBMIT THESE DOCUMENTS:

1) SIGNATURE FROM A HEALTH CARE PROFESSIONAL. The signature of a health care professional stating that he/she has examined the child within the past year and finds that the child is able to take part in the school's program. Please have the professional sign the form below.

HEALTH CARE PROFESSIONAL'S STATEMENT

I have examined the above named child within the past year and find that he / she is able to take part in the school's program.

Health Care Professional _____ **Date** _____

2) IMMUNIZATIONS. A state licensing requirement states that we must have a document in our files at all times showing your child is current with the required immunizations, signed by a health professional in a doctor's office. This may be faxed to us from the doctor's office to our fax at (512)331-0637. We require the immunizations recommended by the Texas Department of Health, at their web site www.dshs.state.tx.us/immunize/imm_sched.shtm, with the addition of TB test. *During enrollment at Bluebonnet each child must stay current with these immunizations, and we require that, as immunizations are given to your child, you bring us documentation of those for our files.* If your child is on a delayed immunization schedule for any reason, we must have a note signed by a physician stating when the immunizations will be given.

3) HEARING AND VISION SCREENING. We strongly recommend screening for children as young as 3. If your child is 4 or over by Sept.1, the State of Texas requires that each child be given hearing and vision screening - with the results in numeric form. Parents have the option of asking a private physician or health professional perform the testing. This form, signed by a health professional, may be faxed to us at (512)331-0637. If your child is 3 1/2 and does not have the required screening results in our files, we will have a health professional screen your child at Bluebonnet for an additional fee.

HEARING TEST DATE SIGNATURE

HZ	1000	2000	4000	PASS __	FAIL __
RIGHT EAR					
LEFT EAR					

VISION TEST DATE SIGNATURE

RIGHT EYE	20 / _____	LEFT EYE	20 / _____	PASS __	FAIL __
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