



3379 Gattis School Rd. Round Rock, TX 78664
Phone: 512-255-5265 Fax: 512-255-8469

Child Health Record

Child's name: _____ Date of birth: _____

Present age: _____ Height: _____ Weight: _____ Male Female

****Varicella (Chickenpox) vaccine is not required if your child has had chickenpox disease.**

Please complete the following statement:

My child had varicella disease on or about (date) _____ and does not need varicella vaccine.

(Parent signature)

(Date)

Texas Department of Human Resources Admission Requirement

When your child is admitted to our program, this form must be completed, signed and returned with you child's current immunization record before your child can attend.

This section to be completed by physician

Is the child free from communicable disease? Yes No

Is the child able to participate in group care? Yes No

List any medications and drugs taken regularly by the child _____

Other special physical conditions _____

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to participate in The Fellowship Christian Academy.

Physician's Signature: _____