

Medical Information & Consent Form

Child's name _____ Date of birth _____
 Father: _____ Main contact # _____
 Mother: _____ Main contact # _____
 Allergies _____ Asthma/Hay fever _____
 Medicines _____ Daily Medications _____

(Attach the prescription and dosage instructions for all medications to be administered by CDSA staff.)

Foods that the child should not eat _____

Other _____

Limitations (activities in which the child should NOT participate) _____

Water Activity _____ Field Trips _____ Outdoor Sports/Games _____

Other _____

I hereby give authority for the CDSA staff to authorize medical treatment for my child in the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident.

Parent / Guardian Signature: _____ Date: ____/____/____

TO BE COMPLETED BY THE CHILD'S PHYSICIAN

CDSA FAX: 817-275-0263

*Please **attach** immunization records or fill in the chart below. **Physician signature and date required.**

	DATE 1st dose	DATE 2nd dose	DATE 3rd dose	DATE 1st booster	DATE 2nd booster
Hepatitis B (HepB)	_____	_____	_____	_____	_____
Diphtheria, Tetanus, Pertussis (DTaP)	_____	_____	_____	_____	_____
Haemophilus influenza b (Hib)	_____	_____	_____	_____	_____
Pneumococcal (PCV)	_____	_____	_____	_____	_____
Inactivated Poliovirus (IPV)	_____	_____	_____	_____	_____
Influenza	_____	_____	_____	_____	_____
Measles, Mumps, Rubella (MMR)	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
Hepatitis A (HepA)	_____	_____	_____	_____	_____
TB Test	Date: _____	Results: _____			

*Any vaccine exclusion for medical reasons requires physician documentation. If positive, physician statement is necessary for admission. Results from vision and hearing screening are required for students 4 years and older. Attach additional documentation if necessary.

Vision _____ Hearing _____

This child was examined by me on ____/____/____ and is physically able to participate in the school program. Exceptions are noted on the back of this form.

Physician's signature _____ Phone _____

Required Document