

St. Peter's Early Childhood Development Center
20775 Kingsland Blvd., Katy, Texas 77450
281-492-0623

Student Medical Form 2020-2021

Child's Name _____ DOB ____/____/____ Age as of 9/1/2020 _____
Address _____ Main Phone (____) _____
Physician's Name _____ Physician's Phone (____) _____
Physician's Address _____

Allergies: If your child has no allergies, please circle **NONE**.

Please list allergies, health problems, special needs, or other developmental concerns:

Does your child require an EpiPen or AUVI-Q? Please circle: YES or NO

If YES, please attach an **ALLERGY ACTION PLAN** from your child's physician.

Action Plan received on ____/____/____

Parent/Guardian Signature

Date

Please note: St Peter's ECDC no longer accepts **Immunization Exemption Affidavits**, except for documented medical reasons. All Children must show proof of current immunizations prior to first day of school. *(August birthdays will be allowed a 30-day grace period).*

Catch-Up Schedule Statement: If your child is on a catch-up schedule due to medical reasons, please provide a signed and dated copy of the catch-up schedule by the physician. This must be received by the first day of school.

Please Attach a Current Copy of the Immunization Record.

If your child is **4 and 5 years old**, please complete the Hearing and Vision information and **Attach a copy of the Results.**

Hearing Screening: Date ____/____/____ Passed _____ Failed _____

Vision Screening: Date ____/____/____ Passed _____ Failed _____

Physician's Statement: I have examined the above child within the past year and find that he/she is physically able to take part in the preschool program.

Physician's Signature

Date