

**Bright Beginnings Learning Center**

**2018 - 2019**

Strawbridge United Methodist Church

5629 Kingwood Drive

Kingwood, Texas 77345

281-360-4500

FAX 281-360-9280

**A State Mandated Criteria is that all blanks must be completed.  
BBLC will accept a faxed copy of these forms from your Doctor's office.**

**WELL STATEMENT**

Child's name \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Birthdate \_\_\_\_\_

**HEALTH AND WELLNESS STATEMENT: MUST BE SIGNED BY CHILD'S PHYSICIAN**

**I have examined the above named child within the past year and found that he/she is physically able to take part in the Bright Beginnings Learning Center program and activities.**

**Physician Signature \_\_\_\_\_ Date \_\_\_\_\_**

Known allergies: \_\_\_\_\_

Must document "no known allergies" in/on a child's record if the child has no known allergies (cannot simply leave this space blank).

Does your child have any special needs or medical concerns, such as allergies, existing illness, previous serious illnesses, recent injuries, any medication prescribed for long-term use, or other information of which the staff should be aware?

YES \_\_\_\_ or NO \_\_\_\_

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

**A COPY OF CURRENT IMMUNIZATION RECORD FROM PHYSICIAN MUST BE ATTACHED – please note the attached information concerning State required immunizations. Alternative immunization schedules need to be signed by your physician and accompanied by a state affidavit documenting exemption from immunizations.**

**A COPY OF VISION/HEARING SCREENING MUST BE ATTACHED for all 4-year-old students.**

