

**Child's Play Learning Center**  
1530 Norwalk  
Katy, TX 77450  
281-578-9332 Fax: 281-578-0507

**MEDICAL INFORMATION FORM**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthday (month/day/year)

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone #

**PHYSICIAN'S EXAMINATION**

I have examined the above named child on \_\_\_\_\_ and find that he/she is physically  
(month/date/year)  
able to participate in all preschool activities.

List any medical conditions: \_\_\_\_\_

List any allergies: \_\_\_\_\_

**If this child has FOOD allergies, please attach a "Food Allergy Emergency Plan". Describe symptoms that require medical attention, which medication to administer as well as the dosage and when it should be given.**

List any conditions for which this child may require special treatment: \_\_\_\_\_

**A COPY OF THE CURRENT IMMUNIZATION RECORDS  
MUST BE ATTACHED TO THIS FORM.**

**Vision and Hearing testing required for all 4 and 5 year olds.**

The state of Texas requires all children to have their hearing and vision tested each year after they turn 4. Please **attach a copy of the results.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Date