



# Health Form

Bethany Preschool  
10010 Anderson Mill Rd.  
Austin, TX 78750  
512-258-6965 Fax: 512-331-8843

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

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Should we look for unusual reactions in case of illness, injury or insect stings? \_\_\_\_\_

Other health information we should know about: \_\_\_\_\_

## Well-Child Statement

I have examined \_\_\_\_\_ DOB: \_\_\_\_\_

within the past year and find that they are able to take part in the weekday program at  
Bethany Preschool.

\_\_\_\_\_  
Date

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

## Immunization Requirements

**All students MUST be up to date on their immunizations, as defined by the Texas Health Department and Child Care Licensing. Bethany Preschool will not accept affidavits or exemptions other than medically necessary exemptions.**

**Please attach a copy of your child's current and up-to-date immunization record.**

Diphtheria  
Pertussis  
Tetanus  
Polio

HepA  
MMR  
HiB  
HepB

Varicella  
Pneumococcal conjugate