

# BERING DRIVE CHRISTIAN SCHOOL

1910 Bering Dr • Houston, TX 77057  
713.780.1299 • FAX 713.783.2472

## HEALTH REQUIREMENT FORM

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_

### ADMISSION REQUIREMENT:

I have examined the above named child within the past 12 months and find that he / she is able to take part in a day care program.

1. Date of last physical exam: \_\_\_\_\_

2. Physician's Signature **OR** Stamp: \_\_\_\_\_

Name & Address of Physician: \_\_\_\_\_

city \_\_\_\_\_

zip \_\_\_\_\_

### GENERAL HEALTH:

1. My child has diagnosed or suspected:

Yes

No

speech or hearing issues

hyperactivity

allergies:

airborne

foods allergic to: \_\_\_\_\_

other \_\_\_\_\_

Please list / explain any of the above: \_\_\_\_\_

2. List any special health issues that we should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

3. Foods my child not allowed to eat:  
(**NOT** allergies)

\_\_\_\_\_  
\_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_