



Coker UMC Early Learning Center
 231 E. North Loop Rd. • San Antonio, TX 78216
 (210) 494-5061 • Fax (210) 494-8537 • cokerelec@coker.org

ADMISSION REQUIREMENT: All students enrolling in Coker UMC Early Learning Center must have this health certificate completed and signed by parent/legal guardian. All fields must be filled in, or indicated "N/A," in order for the form to be recognized as complete.

Child's Name _____		Date of birth ____/____/____	
Child's Address _____		City, State & Zip Code _____	
Mother's Name _____	Home Phone _____	Cell Phone _____	Work Phone _____
Father's Name _____	Home Phone _____	Cell Phone _____	Work Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Phone# _____

Physician's Address _____ City, State & Zip Code _____

Emergency Medical Care Facility _____ Phone # _____

Address _____ City, State & Zip Code _____

I give consent for the facility to secure any and all necessary emergency medical care for my child:

Signature of Parent/Legal Guardian

List any special conditions that your child may have such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: [] Not applicable _____

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to the child-care operation or within one week of admission. (PLEASE CHECK ONLY ONE OPTION)

1. _____ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

 Health Care Professional's Signature

 Date

2. _____ A SIGNED AND DATED COPY OF A HEALTH CARE PROFESSIONAL'S STATEMENT IS ATTACHED.

3. _____ MEDICAL DIAGNOSIS AND TREATMENT CONFLICT WITH THE TENETS AND PRACTICES OF A RECOGNIZED RELIGIOUS ORGANIZATION, WHICH I ADHERE TO OR AM A MEMBER OF; I HAVE ATTACHED A SIGNED AND DATED AFFIDAVIT STATING THIS.

4. _____ MY CHILD HAS BEEN EXAMINED WITHIN THE PAST YEAR BY A HEALTH CARE PROFESSIONAL AND IS ABLE TO PARTICIPATE IN THIS DAY CARE PROGRAM. WITHIN 12 MONTHS OF ADMISSION, I WILL OBTAIN A HEALTH CARE PROFESSIONAL'S SIGNED STATEMENT AND WILL SUBMIT IT TO THE FACILITY.

NAME AND ADDRESS OF HEALTH CARE PROFESSIONAL:

 Name

 Address

 City, State & Zip Code

SIGNATURE OF PARENT OR LEGAL GUARDIAN

(over)

DATE

IMMUNIZATIONS (All are required.)

	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4	Date/Booster	Date/Booster
Hepatitis B						
DtaP						
Polio						
MMR						
Hib						
Hepatitis A (2 doses required)						
Pneumococcal Conjugate						
Varicella (Chicken Pox)	Date of Vaccine:	Date of 2 nd Dose:	Date of Disease:			
TB Test (Dr.'s Option)						

[] I have attached a copy of my child's up-to-date shot record.

HEARING AND VISION SCREENING
Required for children 4 years and older.

Hearing Screening:

25db	Right	Left
500 Hz		
1000Hz		
2000 Hz		
4000 Hz		

___ Pass ___ Fail

___ Wears hearing aid

Vision Screening:

Distance acuity: R: 20/___ L: 20/___

___ Pass ___ Fail

___ Child wears glasses

IN THE EVENT OF AN EMERGENCY AND IN MY ABSENCE, I HEREBY GIVE CONSENT TO ANY OF THE COKER UNITED METHODIST CHURCH STAFF AND/OR VOLUNTEER STAFF TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD NAMED ABOVE. WHILE UNDERSTANDING THAT ALL REASONABLE SAFETY PRECAUTIONS WILL BE OBSERVED, I UNDERSTAND THE POSSIBILITY OF UNFORESEEN HAZARDS AND THE INHERENT POSSIBILITY OF RISK. I VOLUNTARILY AGREE NOT TO HOLD LEGALLY LIABLE COKER UNITED METHODIST CHURCH, ANY OF ITS EMPLOYEES, VOLUNTEERS, OR OTHER REPRESENTATIVES ASSOCIATED WITH PROVIDING OR ARRANGING FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE