



# Bluebonnet School

A Preparatory Preschool

## Preschool Health Form

### Bluebonnet School of Cedar Park

3420 El Salido Parkway (at 620)  
Cedar Park, Texas 78613  
512-331-9009 512-331-0637 (fax)

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Print name \_\_\_\_\_

Physician's name \_\_\_\_\_ Address \_\_\_\_\_ Tele. \_\_\_\_\_

Dentist's name \_\_\_\_\_ Address \_\_\_\_\_ Tele. \_\_\_\_\_

Emergency care facility \_\_\_\_\_ Address \_\_\_\_\_ Tele. \_\_\_\_\_

Child's health insurance company \_\_\_\_\_ Tele. \_\_\_\_\_ Group no. \_\_\_\_\_

Name of health insurance subscriber \_\_\_\_\_ Policy no. \_\_\_\_\_

Please help us accommodate any special needs your child may have, environmental allergies, food intolerances, existing illnesses, learning disabilities or chronic conditions, such as asthma, hearing or vision problems, feeding needs, developmental issues, neuromuscular conditions, urinary or other health problems, or diabetes.

**Bluebonnet School provides Rocky Mountain Sunscreen SPF 30.** Check below your preferences on sunscreen:

- Bluebonnet may use the above mentioned sunscreen on my child.
- Bluebonnet may apply sunscreen brought from home labeled with my child's name.
- Please do not apply any sunscreen.

**BEFORE YOUR PRESCHOOL CHILD MAY ATTEND BLUEBONNET SCHOOL, YOU MUST SUBMIT THESE DOCUMENTS:**

**1) SIGNATURE FROM A HEALTH CARE PROFESSIONAL.** The signature of a health care professional stating that he/she has examined the child within the past year and finds that the child is able to take part in the school's program. Please have the professional sign the form below.

**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 school's program.**

**Health Care Professional** \_\_\_\_\_ **Date** \_\_\_\_\_

**2) IMMUNIZATIONS. IT IS A STATE LAW THAT TO REMAIN IN CARE, YOUR CHILD'S IMMUNIZATION RECORDS MUST BE CURRENT WITH DOCUMENTS IN OUR FILES.** We require the immunizations recommended by the Texas Department of Health, at their web site [www.dshs.state.tx.us/immunize/imm\\_sched.shtm](http://www.dshs.state.tx.us/immunize/imm_sched.shtm), with the addition of TB test. *During enrollment at Bluebonnet each child must stay current with these immunizations, and we require that, as immunizations are given to your child, you bring us documentation of those for our files.* If your child is on a delayed immunization schedule or a waiver for any reason, we must have a note signed by a physician stating when the immunizations will be given.

**3) HEARING AND VISION SCREENING.** If your child is 4 or over by Sept.1, the State of Texas requires that each child be given hearing and vision screening - with the results in numeric form and that the results be in our files. This is a screening done routinely in well-child checkups. The form must be signed by a health professional may be faxed to us.

HEARING TEST	DATE	SIGNATURE
HZ	1000	4000
RIGHT EAR		PASS__ FAIL__
LEFT EAR		

VISION TEST	DATE	SIGNATURE
RIGHT EYE	20 / _____	LEFT EYE
		20 / _____
		PASS__ FAIL__

# Bluebonnet School Health Policy

**Please observe your child before coming to school.** One of the most important steps in avoiding the spread of disease is your personal observation of your own child. If your child just isn't himself or herself, check to see if any other apparent symptoms, especially fever, are present. If your child is not feeling well, he or she should not come to school. Contagious, sick children need to stay at home so that the class can stay healthier. Working together, we can keep Bluebonnet's children and their teachers free from sick days.

## An ill child cannot come to school if one or more of the following situations exist:

1. The child is unable to participate comfortably in all school activities.
2. An illness results in a greater need for care than the staff can provide without compromising the health, safety and supervision of other children.
3. If the child's oral temperature registers 101.4 degrees or more, the child cannot come to school until fever-free for 24 hours **without fever-reducing drugs**. (Armpit temperature of 100.0 degrees or above.)
4. If the child's oral temperature is 99.0 to 99.9 (armpit temperature 98.0 to 98.9), with any of the symptoms listed below or if any of the symptoms marked with ✓ are present, regardless of fever, the child can not come to school.
  - ✓ A. Diarrhea, defined as two or more loose, watery bowel movements within a one-hour period.
  - B. Sore and reddened throat, with a possibly raspy cry.
  - ✓ C. Reddened eyes with discharge or crusted eyelids
  - D. Earache, sometimes indicated by a child rubbing or pulling at the ear
  - E. Stomachache
  - ✓ F. Instances of nausea and/or vomiting within 24 hours
5. Other problems requiring a child to stay at home so that treatment may be started include the following:
  - G. Listless and no appetite
  - ✓ H. Rashes in any form (small pinpoint or large blisters) located in facial or abdominal areas or possibly covering the total body. We require a doctor's note stating your child is not contagious before returning.
  - I. Coughing, sneezing and runny nose

**If your Child Becomes Ill at School. If your Child Becomes Ill at Bluebonnet.** When a child has a temperature over 100.4 degrees, has had 2 episodes of diarrhea or vomiting that day, or an unexplained rash, we will call you to pick up your child within an hour. If we cannot reach you, we will begin to call the persons you have listed on your emergency contact form until arrangements can be made for your child to be picked up.

**When Your Child Can Return to School.** Your child may return to school with a doctor's release indicating that your child is not contagious. **Your child may return once he or she is free of fever (without fever-reducing drugs), diarrhea, vomiting, or other symptoms for 24 hours.** If your child has a rash, we require a doctor's note saying the child is not contagious before returning. In order to keep all of our children as healthy as possible, we reserve the right to refuse the child's return if we feel that the child is too ill to participate in the program.

**Reporting Illness.** If your child is absent due to illness, we would appreciate you letting us know. Although you are not required to do so, this knowledge may allow us to watch for symptoms in other children and make an appropriate posting of communicable disease if needed. To protect your confidentiality, only information relating to the nature of the illness will be shared, not the child.

**Medications.** Medications should never be taken into the classroom. Medications to be administered by Bluebonnet must be placed by parents in the medicine cabinet or refrigerator in the front lobby where parents must sign the daily authorization form. Only prescriptions in the original container, prescribed by a physician with a the child's name, date, prescription and dosage will be administered. For over-the-counter drugs, the child's age must be listed on the container or else we need a doctor's prescription stating the proper dosage. Doctor's prescriptions are only valid for 6 mos. We follow the dosage based on the age, not weight. Bluebonnet will not administer fever-reducing drugs to mask fever symptoms. Medications are given daily at 11:30; please time your child's medication schedule accordingly.

**Immunizations.** All children enrolled at Bluebonnet must receive the required immunizations prior to admission. For preschool children, records of these immunizations must be on file here at Bluebonnet before your child begins classes here. Or, if your school-age child is enrolled in an elementary school, we must have a signed form stating that your child's immunizations are current and on file at the child's school, along with the school's address and telephone number. If a waiver exists, we require an explanation. If your child is on a delayed immunization schedule for any reason, we require a doctor's note in our files stating when the immunizations will be given. If an outbreak of a disease occurs, and your child is not immunized for it, we will ask your child to not attend until the outbreak ends or until the child immunized.

**Outdoor Play.** I understand and agree that my child will participate in outdoor activities daily, when weather permits. I understand and agree that decisions on outdoor play will be made at the discretion of the administrator and teaching staff. **I understand and agree that, if my child is too ill to participate in outdoor play, he/she is too ill to attend school.**

*I have received and read the Bluebonnet School Health Policy and I will comply with it.*

Parent/Guardian signature \_\_\_\_\_ Child's Name \_\_\_\_\_ Today's date \_\_\_\_\_