

**Grace Point Day School**

9650 Huebner Road  
San Antonio, TX 78240  
Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Doctor's Health Physical Statement**

The child listed above was examined by me on \_\_\_\_\_ and was found to be free of any contagious and transmissible diseases and is physically able, with any exceptions noted below, to participate in any of the Grace Point Day School programs.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all diagnosed allergies (food/other) and its side effects.**

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

Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergy Emergency Action Plan: \_\_\_\_\_  
\_\_\_\_\_

**ALL FOOD ALLERGIES require a F.A.R.E/Food Allergy & Anaphylaxis Emergency Care Plan signed by a physician as well as a parent.**

Physician's Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Hearing and Vision Screening – Mandatory for all 4-yr-olds as of September 1<sup>st</sup>.**

Hearing – Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ Date: \_\_\_\_\_

Vision - Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_