Trinity Episcopal School
Come and See…Stay and Learn

Student Medical Form

Must Be Completed Each School Year **2025-2026**

Child's Name:	Date of Birth:

List below **ANY** conditions, (dating from birth) that your child may currently have or have had in the past, (allergies, illness, injury, surgery) or medications prescribed for long-term use and any other information of which staff should be aware.

☐ **If your child has severe allergies or needs medication during school please complete the TES Medical Action Plan**

☐ **If no allergies or medical conditions**

Developmental

Is your child receiving any special services? Speech, Occupational Therapy, Physical Therapy, or Adjunct Services, etc?

Are you concerned about any of your child's developmental milestones at this time?

Hearing and Vision Screening

The State of Texas requires that all four and five year children have a hearing and vision screening annually before the start of school. Hearing and Vision screenings are also recommended for 3-year-old children.

Please check all that apply:

- ☐ My child's vision was tested at a physician's office and I will submit a copy of that test.
- ☐ My child's hearing was tested at a physician's office and I will submit a copy of that test.
- ☐ My child is two or three and does not require testing at this time.

Hearing and Vision Screening Results

- ☐ Vision screening results _____
- ☐ Hearing screening results _____
- ☐ Results must be attached

Immunizations – You must submit vaccination records with this form

- ☐ All immunizations are current, please attach forms. If child turns 2 or 4 years old mid-school year or receives additional immunizations, new forms must be submitted.
- ☐ If Immunizations are on a delayed vaccination schedule because an immunization would be medically injurious, you must provide documentation (signed by a physician) to that effect that states what the medical condition is and attach to this form along with the state certificate. **This must be approved by the Director before enrollment in school.**

***In order to protect all children in our care, TES does not accept waivers of Conscience.**

Physician's Office or Clinic's Statement:

☐ This child **has been examined** within the past 11 months and found that he/she is physically able to take part in the Trinity Episcopal School program.

Signature of Physician: _____ Date:_____

Printed name of Physician: _____

I certify that all statements made above are true.

Signature of Parent or Legal Guardian: _____ Date: _____ _

Printed name of Parent or Legal Guardian: _____

Vaccine information

The following vaccines require multiple doses over time. Provide the date your child received each dose. Attach shot record for verification.

Vaccine	Vaccine Schedule	Date Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis (DTP)	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B (HIB)	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus (IPV)	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Measles, Mumps, Rubella (MMR)	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella *If child has had the chickenpox illness, complete statement below*	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Varicella for Chicken Pox

Varicella, the vaccine for Chickenpox, is not required if your child has had the chickenpox illness. If your child has had the chickenpox, complete the statement: My child, _____, had the chickenpox on our about (date) _____ and does not need the Varicella vaccine.

_____ _____

Parent Signature Date Signed