



HEALTH & SAFETY - 1

My Child, _____,

- ☐ Has no special health needs or problems
- ☐ Requires the following special accommodations:

** (please speak with Director, too)*

My Child, _____,

- ☐ has no known food allergies or dietary restrictions
- ☐ * is prohibited from eating the following because of religious tenets:

- ☐ * is allergic to the following foods (*MUST HAVE PHYSICIAN'S DOCUMENTATION*):

- ☐ food preferences (*MUST HAVE PHYSICIAN'S DOCUMENTATION*):

**** REQUIRES YOU TO COMPLETE A FOOD ALLERGY INFORMATION FORM***

I understand that the following meals will be served to my child while in the care of Springbok Academy:

BREAKFAST, LUNCH & AFTERNOON SNACK.

SPECIAL DIETS MAY REQUIRE THAT PARENTS BRING FOOD

IMMUNIZATION RECORDS

- ☐ I have provided the childcare operation with a copy of my child's most current immunization record.

My child, _____,

has been examined by a physician within the last 12 months and is healthy enough to participate in a preschool program. (*Please also provide documentation from your child's physician.*)

I understand and agree to the above policies and procedures set forth by Springbok Academy, Inc. and the State of Texas/Childcare Licensing; by signing this page I agree that the above information is true and accurate to the best of my knowledge.

Signature

Date