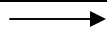


Health Care Professional Information

(May be imprinted/stamped in white space at right  or filled in below. Please return completed form to Center.)

Today's Date: _____

Name of Health Care Professional Individual or Office: _____

Address (City, State, Zip) _____

Phone: _____ Fax: _____

***Name of Patient:** _____

Date of Birth: _____

Diagnosis following examination: _____

Texas Child Care Licensing prohibits us from admitting a child for care if the child has one of the following, unless medical evaluation by a health-care professional indicates that we *can* include the child in the child-care center's activities: 1) Oral (or ear) temperature of 100.4 degrees or greater

2) Armpit temperature of 99.4 degrees or greater

3) Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill

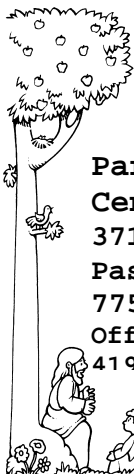
Please give us your medical evaluation by completing the following:

1. Is this child currently contagious? _____

2. If *not contagious*, is it your evaluation that the child may return to group care? _____

3. If *contagious*, when should this child be permitted to return to group care? (*Please indicate all that apply*)

- By _____ date, and / or
- When child has been fever-free (without Tylenol, Motrin, etc.) for _____ hours
- When child has been free from diarrhea or vomiting for _____ hours
- When child has been free of rash/swelling/other skin condition for _____ hours
- Other _____



Parkgate Children's Center
3715 Preston Road
Pasadena, Texas
77505
Office Phone: 281-487-4190

If you authorize us to administer medication for treating this child's *non-contagious condition*, please complete:

Medication Name: _____

Dosage Amount: _____

Dosage Frequency: _____

Authorized Signature _____

Printed Name _____