

HEALTH FORM

Childs Name: _____ Date of Birth _____

This child has been examined with in the last twelve months and is physically able to attend and participate in the preschool program.

Child's Doctor: _____ Phone: _____

If there are any known allergies or health problems, please complete the plan of action area below on this form.

Allergies: _____

Health Problems: _____

Plan of Action:

A copy of the immunization record is required.

The parents will be notified by this facility of any special problems, needs and/or any illnesses recurring at this facility.

In the event I can not be reached or make arrangements for emergency medical attention, I hereby authorize First United Methodist Preschool to take my child to _____.

Parent/Guardian Printed: _____

Parent/Guardian Signature: _____

Date: _____