

# HEALTH FORM

Messiah Moravian Preschool  
Phone: 336-765-5652  
1401 N. Peace Haven Road  
Winston-Salem, NC 27104

Office use only:

Class: \_\_\_\_\_

### **This portion to be filled out by parent**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Name of child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### **EMERGENCIES**

If immediate care is necessary, do you give your permission to have your child taken to the hospital? \_\_\_\_\_

If necessary, may first aid be administered by preschool staff? \_\_\_\_\_

If parents cannot be reached, call \_\_\_\_\_  
Name Phone

### **This portion to be filled out by physician**

#### **HEALTH RECORD**

Does this child take medication on a regular basis? If yes, list medications

\_\_\_\_\_

List any significant allergy, medical condition or disability.

\_\_\_\_\_

List any special health considerations needed for this child:

\_\_\_\_\_

#### **IMMUNIZATIONS**

Enter date of EACH dose - Month-Day-Year				
VACCINE	#1	#2	#3	#4
DTP, DTaP, DT				
Polio				
Hib				
Hepatitis B				
MMR				
Rubella				
Varicella				

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_