

HEALTH FORM

Messiah Moravian Preschool

- TO BE COMPLETED BY PARENT AND PHYSICIAN.
- HEALTH FORM RETURNED WITH A CURRENT IMMUNIZATION FORM ATTACHED.
- A MEDICAL ATTENTION PLAN IS ONLY NEEDED WHERE INDICATED ON FORM.
- ALL FORMS NEED TO BE ON FILE FOR CHILD TO ATTEND FIRST DAY OF SCHOOL.

PARENT:

Child's Name: _____

DOB: _____

Name of child's doctor: _____

Phone: _____

EMERGENCIES – Check box if give permission

- If immediate care is necessary, permission is given to have child taken to the hospital?
- If necessary, may first aid be administered by preschool staff?

Has your child been recommended for or is receiving professional assistance?

- speech/language social/emotional developmental delays

Explain _____

PHYSICIAN:

Date of Last Health Assessment _____

Check any present health concern:

**An additional Medical Action Plan must be completed for any of the below.*

Allergies* Food _____ Insect _____ Other _____

Asthma* Diabetes* Anaphylaxis* Seizures*

Other: _____

Other Information:

Any medications taken: _____

Student limitations teachers should know: _____

Immunizations:

This child is current (administered according to the date they are eligible) with all vaccinations.

Dr's Initial _____

*******Attach a print-out of the child's Immunization Record.**

Signature of Physician _____

Date _____

Office Stamp: