

# HEALTH FORM

## Messiah Moravian Preschool

- TO BE COMPLETED BY PARENT **AND** PHYSICIAN.
- HEALTH FORM RETURNED WITH A CURRENT IMMUNIZATION FORM ATTACHED.
- A MEDICAL ACTION 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.

Physician's Initials \_\_\_\_\_

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

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

Date \_\_\_\_\_

**Office Stamp must be included:**