

HEALTH FORM

Messiah Moravian Preschool

- TO BE COMPLETED BY PARENT AND PHYSICIAN.
- RETURNED WITH A CURRENT IMMUNIZATION FORM.
- 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:

I certify that this child, according to our records, is current on all required immunizations. _____ (Initial)

*******Attach a print out of the child's immunization record.**

Signature of Physician _____

Date _____