

# Student's Health Record

All students must have a health examination for the 2021–2022 school year. **A physician's signature is required.**

Child's Name \_\_\_\_\_ Sex Male  / Female  Birthdate \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Any Required Special Diet \_\_\_\_\_

Any Chronic Health Conditions \_\_\_\_\_

Please describe other health concerns/problems that we should know about while your child is in our care.

**Current Immunization Form must also be completed and on file before the first day of school.**

## Health Care Provider (Please complete this section.)

Physical Exam:  Normal /  Abnormal

Significant Health Concerns:  Seizures /  Asthma /  Diabetes /  Allergies /  Heart or Respiratory Conditions

Physical Disabilities /  Other: \_\_\_\_\_

Any other concerns \_\_\_\_\_

Information and instructions on any health issues \_\_\_\_\_

Next scheduled exam date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Consent

I hereby give my consent to Community Preschool to seek emergency medical attention for my child. I understand that I accept any expenses incurred.

In the event of an emergency, Community Preschool and its representatives will activate the emergency medical system by calling 911, and then make reasonable efforts to contact a parent or guardian at the numbers listed below.

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

## Parent's Authorization to Release Student for Treatment

Signature \_\_\_\_\_ Date \_\_\_\_\_