

Medical Record

Child's Name _____ Age _____ Birthdate _____

Parent's Name _____

This child has applied to enter **Davidson United Methodist Preschool**. This school provides a program which extends for 3.5 hours, two to five days a week. The daily activities include vigorous outdoor play and indoor activity centers. Please provide a report on this child using the form below. This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time. The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the preschool program described.

DATES

DTP _____ MMR _____

POLIO _____ TB _____

HIB _____ VARI _____

HEP _____

1. Doctor's Name _____ Phone # _____

2. List any illnesses, injuries, or behavioral difficulties your child has or has had. Did these require hospitalization? If yes, explain _____

3. List allergies your child has (food, insect stings, medicines, pollens)

If your child has allergies, do they require an Epi-pen? _____

4. List any condition or health problem for which your child is currently receiving medical care

5. Has your child ever had an evaluation at a developmental evaluation center by a psychologist or other health specialist? If yes, list type of evaluation and age at the time.

6. Is your child receiving services from a Speech, Occupational or Physical Therapist? _____
If yes, specify services received _____

Physicians Signature: _____ Date: _____