



Physician's Health Statement

Parent/Guardian: Please fill out the top portion of this form and **give it to your child's pediatrician to complete.** By signing below, you authorize the doctor to provide the requested information to the center.

Child's Full Name: _____ D.O.B. _____

This child has applied to enter preschool. The child will be enrolled in a group setting for up to 10 hours a day up to 5 days per week. The daily activities include vigorous play, developmentally appropriate activities and quiet happenings. 1 on 1 care is not available in the program.

Parent/Guardian Signature: _____ Date: _____

Health Specifics:

	Please list details:
Are there any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any medication regularly taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Special recommendations to preschool program: _____

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 above. Yes No

Signature of Examiner: _____ Date: _____

Please Print Name: _____ Phone (____) ____ - ____

Address: _____