



**PARENT/GUARDIAN: PLEASE COMPLETE**

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Allergies**  None  Describe/Reaction \_\_\_\_\_

My child's health care provider may email this form and any applicable attachments to St. James Preschool at admin@sjpreschool.org.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEALTH CARE PROVIDER: PLEASE COMPLETE AFTER SECTION ABOVE HAS BEEN COMPLETED**

**Date of Last Exam** \_\_\_\_\_ **Recent Weight** \_\_\_\_\_ **Recent Height** \_\_\_\_\_

**Physical Exam**  Normal  Abnormal (see significant health concerns below)

**Significant Health Concerns**  None  Reactive Airways Disease  Seizures  Diabetes

Hearing  Vision  Hospitalizations  Severe Allergies \_\_\_\_\_

Other \_\_\_\_\_

**Explain Above Concerns** (include instructions to preschool personnel, if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications/Special Diet**  None  Describe \_\_\_\_\_

\_\_\_\_\_

**Immunizations**  Up-to-date  See attached record  Administered today \_\_\_\_\_

**Next Well Visit** \_\_\_\_\_

This child is healthy and may participate in all routine activities at St. James Preschool.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_