CHILD HEALTH ASSESSMENT

Section A: Completed by Parent/Guardian **Child's class:**

Child's Name: _____ Birth Date: _____
Parent/Guardian: _____ Primary Phone: _____
Address: _____ Cell Phone: _____
_____ Email: _____

Has your child been tested or received medical or professional services for any of the following?
Learning Disability ___ yes ___no Behavior Disorder (i.e. ADHD) ___ yes ___no
Speech Therapy ___yes ___no Seizure Disorder ___yes ___no
What is the primary language spoken in the home? _____
Does your child take any medications regularly? ____Name of meds & dosage _____
Does your child have any food allergies? ____ Please describe _____
Is there any other information regarding your child that may be helpful to the teacher in meeting your child's needs? ____ If yes, please describe _____
_____
_____

*** (If your child has a life, threatening allergy, request medical allergy form for student files)*

All children who are receiving services by the Intermediate Unit are required to have a meeting with the teacher and director prior to the start of preschool. Please call so we can arrange a date and time. This will provide our staff the opportunity to work with the family for the educational benefit of the child.

Parent/Legal Custodian Signature _____ Date _____

Section B: Completed by Physician

Immunizations	Date	Date	Date	Date	Date	Comments
DTP/DT/DtaP						
POLIO						
PCV7						
HIB						
HEP B						
MMR						
Chicken Pox						
Hearing	normal	abnorm				
Vision	normal	abnorm				

Each child entering New London Christian Preschool is required to present the following statement certifying that the child is under a physician's care, is physically able to participate in the school program, and all immunizations are up to date. Physician's statement: I have examined the above-name child within the past year and find that he/she is physically and mentally able to take part in the School's program.

_____
Physician's Name Address Phone

Physician's Signature _____ (mandatory)