

Caring Corner Health Requirements

Name of Child _____

Birthdate _____ Phone _____

Parent's Name _____

Home Address _____

Immunizations:

- Please attach current shot records.
- School references the "Recommended Childhood and Adolescent Immunization Schedule".
- Child's shot records must be up to date prior to enrollment.

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Medications:

Long Term Medication: _____

Allergies To: Medications _____ Food _____ Skin _____ Airborne _____

Insect Bites _____ Sunburn _____ Other _____

Describe if any above positive and symptoms produced _____

Medication given _____ Dosage _____

Effects _____

Additional Comments or Special Recommendations _____

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Vision & Hearing Screening

All children that are four years or older by September 1 of each year will be screened for possible vision and hearing problems.

Parent's Signature

{The statement below must be completed by a physician.}

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Child's Health Statement

_____ (Child's name) has been examined by me and is physically able to participate in activities at Caring Corner.

Date of Last Examination _____

Dr.'s Name _____

Dr.'s Address _____

Dr.'s Phone _____

Dr.'s Signature _____