

Student Name: _____

Application for Preston Preschool Program Health Information

Student's Health Care Provider: _____
(Name)

_____ Phone # _____
(Address)

Date of last physical: _____ Date of last visit: _____
(Evidence of most recent physical examination must be attached to this application.)

Has your child received all doctor recommended immunizations to date? Yes ___ No ___ If no, please explain:

_____ **(A copy of your child's immunization record must be attached to this application.)**

Name of health insurance company insuring student: _____

This student may participate in all activities including physical education? Yes ___ No ___ If no, please explain:

MEDICATIONS: Please list any medication this student may be taking before, during or after school:

Medication Name	Dose	When taken	Condition for which medication is taken
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Please note: Medication may be taken at school only after a Medication Authorization Form is completed by a doctor and signed by a parent/guardian. **MEDICATION MUST BE TRANSPORTED TO SCHOOL BY ADULTS ONLY!!**

Does this student:	YES	NO	
Have asthma?	_____	_____	
Get nosebleeds easily?	_____	_____	
Have a hearing problem?	_____	_____	
Have a vision problem?	_____	_____	Last eye examination: _____ (Date)
Wear glasses?	_____	_____	
Wear contacts?	_____	_____	
Have an allergy to bee/insect stings?	_____	_____	
Have any other conditions?	_____	_____	
Please fully explain any YES answers: _____			

In the past year has this student:
Had Chicken Pox? _____ Been hospitalized or seriously injured? _____
(Date) (Date)

Please explain hospitalization/injury: _____

If necessary, the School Nurse may contact my child's health care provider regarding medication or health conditions noted above. In the event of an emergency, I give permission for my child to receive emergency care and be transported to a hospital. I understand that in the event of an emergency, every effort will be made to contact me.

Signature of Parent/Guardian: _____ Date: _____

This information is included in the child's Permanent Education Folder

CC: School Nurse/Health Office—Confidential File
Parent/Guardian