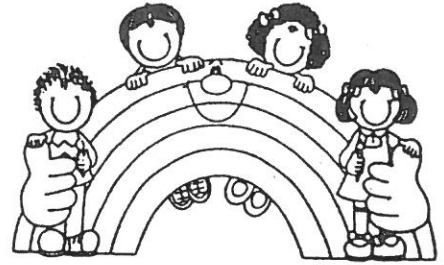


TRINITY PRESCHOOL
301 Marine Blvd.
Jacksonville, NC 28540
(910) 455-4814 ext.106



HEALTH FORM
Please fill out form completely.

Name of Child _____ Date of birth _____

Address _____

Home phone _____ Cell phone _____

Height _____ Weight _____

Child's Physician _____ phone# _____

Child's Dentist _____ phone# _____

What contagious diseases has your child had or have they been vaccinated for?

Measles _____ Mumps _____

Chicken Pox _____ Scarlet Fever _____

Whooping Cough _____

Is your child subject to nosebleeds? _____

Does your child wear glasses? _____

Does your child have a hearing loss? _____

Does your child have any allergies? Please list.

Does your child have a physical challenge or condition that we should be aware of? Please explain. _____

Immunizations: Please attach a copy of your child's immunization record.

To the Physician:

Do you know of any reason why this child should not participate in normal preschool activities, including supervised vigorous outdoor play or any conditions that should limit his/her participation in such activities?

This child was examined by

_____ (Physician's name)

on _____ (date)

_____ (Physician's Signature)

