



Sandi Lancaster Director
Brenda Weaver Assistant Director

210 S. High Street, Warsaw, In. 46580
Phone: 574-267-4034 Fax: 574-267-5896
www.warsawpresby.org presbyprek@warsawpresby.org

MEDICAL FORM

Due before child begins Presby Preschool and must be signed by a doctor.

Presby requires a Medical form to be completed only 1 time during your child's preschool years.

**A copy of your child's shot record & Birth Certificate
must be attached to this form.**

Child's Name: _____

Date of Birth: _____ Class Days & Times: _____

The child listed above has been enrolled in our school. Classes meet from two to five times weekly for two and one-half or three hour sessions, in groups of fifteen (15) to eighteen (18) children, under the supervision of a professional teacher and an assistant. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment.

Does this child require special attention, medication, or routines or have any physical condition that may have to be taken into consideration in planning for the child's time at school? _____

In your opinion is this child physically and emotionally able to participate in a preschool program like the one described above? _____

Is this child current on their shots? yes____ no____
(if no, please list reason) _____

Date of most recent examination _____

Physician's Signature (required): _____

Physician's Name Printed: _____

Date signed: _____