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MEDICAL FORM

*This form is due on or before August 10th, 2020, and must be signed by a doctor.
A copy of your child's Immunization Record & Birth Certificate
must also be attached to this form.*

Child's Name (please print clearly) _____

Date of Birth: _____ Age by August 1st: _____

PARENTS:

Does your child have or require:

1. **Allergies?** No _____ Yes _____ (Please list)

2. **Medication?** No _____ Yes _____ (Please list)

3. Special physical or **medical conditions?** No _____ Yes _____ (Please Describe)

4. Specific **Routines** that might help with classroom conduct? No _____ Yes _____

(Describe) _____

DOCTOR:

Is this child current on their immunizations? Yes _____ No _____ (please attach record)

In your opinion, is this child physically and emotionally ready to attend Presby Preschool? Please comment: _____

Physician's Signature (required): _____

Physician's Name Printed: _____

Date signed: _____