



Jeff Peck - Director
Courtney Brown - Assistant Director

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

MEDICAL FORM 2021-2022

This form is due on or before your child's first day of school, 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 help this child be successful in the classroom? No _____ Yes _____ (Please 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 preschool?

Please comment: _____

Physician's Signature (required): _____

Physician's Name Printed: _____

Date signed: _____