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MEDICAL FORM 2022-2023

This form is due on or before your child's first day of school.

Child's Name (please print clearly): _____

Please include a copy of the above named child's immunization records.

Immunization Records Attached _____ yes _____ no

PARENTS:

Does your child have or require:

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

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

Emergency Contacts (people to contact, after parents, in an emergency):

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

DOCTOR:

Does the above named child have:

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

4. Current immunizations? Yes _____ No _____ (please attach record)

5. In your opinion, is this child physically and emotionally ready to attend preschool? Yes _____ No _____ (Why?)

Physician's Signature (required): _____ **Date** _____

Physician's Name Printed: _____