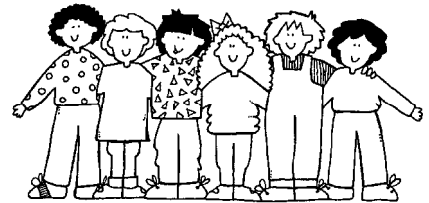


St. Paul's Lutheran Preschool

1700 Carridale Street SW

Decatur AL 35601

Phone: 353-1353



Health Form

Child's Name _____

Parents or Guardian _____

Home Address _____ Phone _____

Family Doctor _____

Address _____ Phone _____

Medical History

Chicken Pox Measles Mumps Whooping Cough

Convulsions Meningitis Other _____

List any allergies or sensitivities _____

List any medications taken regularly by the child _____

List any medical or physical conditions of which the Preschool should be aware _____

Other Remarks: _____

Immunizations

Are immunizations up to date for the age of the child? ____ Yes ____ No

Please attach a copy of the State of Alabama Shot Record (Blue Form)
(if not already on file with the Preschool)