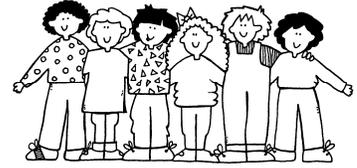


**St. Paul's Lutheran Preschool with Extended Care**

"Early Childhood Education with Jesus at the Center of Every Activity"



**1700 Carridale Street SW**

Decatur AL 35601

Phone: 256.353.1353

**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)

I examined this child on (date)\_\_\_\_\_. I find him/her to be in good physical condition and free of contagious and infectious diseases, except as noted below. \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, Physician's Assistant, Certified Nurse Practitioner Date