

PHYSICIAN'S REPORT —CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A—PARENT'S CONSENT (TO BE COMPLETED BY THE PARENT)

Name of Child	Date of Birth
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is being studied for readiness to enter: Noah's Park Weekday Early Education Ministry

This child care center/school provides a program which extends from: 7:00am to 4:30pm five days a week

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named child care center.

Signature of Parent, Guardian, or Child's Authorized Representative	Today's Date
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PART B—PHYSICIAN'S REPORT (TO BE COMPLETED BY THE PHYSICIAN)

Problems of which you should be aware:	
Hearing:	Allergies: Medicine:
Vision:	Insect Stings:
Developmental:	Food:
Language/Speech:	Asthma:
Other:	
Other (include behavioral concerns):	
Comments/Explanations:	
MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:	

I have___ have not___ reviewed the above information with the parent/guardian.

The child is cleared to attend preschool ___yes ___no

Physician:	Date of physical exam:
Address:	Date this form completed:
Telephone:	Signature:
Check One: <input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner	