



6845 Shoup Road
Black Forest, CO 80908

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Physician's Statement of Health

_____, whose date of birth is _____ has been enrolled in First Step Preschool. The daily program involves both vigorous and quiet indoor and outdoor activity, including the use of climbing and tumbling equipment. A snack is served each school day.

Does this child require special attention, medication or routines that may have to be taken into consideration in planning for his/her time at school?

Does this child have any physical condition that we should be aware of?

List allergies: _____

List any chronic illness/condition: _____

List any surgeries: _____

Check illnesses the child has had:

Chicken Pox	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Rubella	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>

Please record immunizations and dates administered on a separate immunization card/form and attach to this form.

In your opinion, is this child physically and emotionally able to participate in a preschool program like the one described above? _____

Date of Examination: _____

Physician's Signature: _____

Address: _____