



ST. FRANCIS OF ASSISI PRESCHOOL HEALTH FORM - EMERGENCY RELEASE FORM

****This Section to be fill out by Parent or Guardian****

Child's Name: _____

Has your child been tested or received medical or professional services for any of the following?

Learning Disability: ____Yes ____No

Febrile or Seizure Disorder: ____Yes ____No

Developmental Delay: ____Yes ____No

Speech Therapy: ____Yes ____No

Vision or Hearing Impairment: ____Yes ____No

Does your child take any medications regularly? ____ Name of meds & dosage _____

Does your child have any food or other allergies? ____ Please describe: _____

What is the primary language spoken in the home? _____

Is there information about your child that you feel may be helpful in the Preschool meeting your child's needs?

If yes, please describe:

Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, EMS will be called. I hereby authorize the Director or person in charge to accompany my child to a facility determined by E.M.S. The closest facility is Baylor Medical Center (817-481-1588) 1650 College, Grapevine, TX 76051.

Insurance Carrier

Policy Number/Group ID Number

Signature of Parent/Guardian

Date

A copy of the Immunization Record and a Wellness Note* may be obtained from the child's physician

OR This form must be completed in full by the child's Physician with a signature and date.

Child's Name: _____ Age: _____ Birth Date: ____/____/____

Immunizations:	Date 1 st Dose	Date 2 nd Dose	Date 3 rd Dose	Date 4 th Dose	Date 5 th Dose
DTaP					
POLIO					
PNEUMOCOCCAL					
HIB					
RV					
HEPATITIS B					
HEPATITIS A					
MMR VACCINE					
CHICKEN POX VACCINE (Varricella)					
TB TEST					

The above-named child was seen by me on the date listed below. This child is in good health and may participate in Preschool activities.

Physician's Name (Please print)

Address

Phone

Physician's Signature (mandatory)

Date of last check-up