

Child's name: _____ Birthdate: _____

Doctor Health Statement (Physical)

The child listed above was examined by me on _____ and was found to be free of any contagious and transmissible diseases and is physically able, with any exceptions noted below, to participate in any of the Grace Point Daycare & Preschool programs. Remarks: _____

Please list all diagnosed allergies (food/other) and it's side effects.

Allergies:

Side Effects:

Allergy Emergency Action Plan: _____

All FOOD ALLERGIES require an emergency action plan and must be signed by a physician as well as a parent.

Hearing & Vision Screening - Mandatory for all 4 year olds (as of September 1)

Hearing:

Pass: _____ Fail: _____

Vision:

Pass: _____ Fail: _____

Examiner's Signature: _____ Date: _____

(Stamp)

Physician's Signature: _____

Physician's Printed Name: _____

Address: _____

Phone Number: _____

Date: _____

Parent's Signature: _____ Date: _____