

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**

**Hearing:**

Hz	500	1000	2000	4000
R				
L				

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

**Vision:**

R/20 \_\_\_\_\_ L/20 \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

**Examiner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Physician's Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_