

 **EHills Preschool**

25511 E. Smoky Hill Road
Aurora, CO 80016
Phone: (303) 699-1470 ext. 141 Fax: (303) 265-9054

GENERAL HEALTH APPRAISAL FORM**PARENT: Please complete**

Child's Name _____ Date of birth _____

Allergies No Yes If yes, please describe: _____Diet Age Appropriate Special Diet If yes, please describe _____

Preventative creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding. Yes No

I, the undersigned, give consent for my child's health provider and Eastern Hills Community Church Preschool to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to Eastern Hills Community Church Preschool.

_____ Date _____

Parent or Legal Guardian Signature**HEALTH CARE PROVIDER: Please complete after parent section has been completed**

Date of Last Exam _____ Recent Weight _____

Physical Exam Normal _____ Abnormal (see explanation of significant health concerns)Significant Health Concerns No Yes If yes, please describe _____

(If necessary, include instructions to childcare providers)

Current Medications/Special Diet No Yes If yes, please describe _____Immunizations Up-to-date See attached immunization record Administered today **SIGNATURE** Next Well Visit Age _____**OFFICE STAMP:** Or provide Name,
address, Phone #

This child is healthy and may participate in all routine preschool activities.

Any concerns or exceptions are identified on this form.

Signature of Health Care Provider_____
Date

