

STUDENT HEALTH CERTIFICATE 2018 - 2019
School Year

To be filled out by the parent/guardian. Please print using ink:

Child's name: _____ Date of birth: _____ Age: _____ Sex: _____

Name of parent/guardian: _____

Parent/Guardian signature: _____ Date: _____

My signature above authorizes the release of information by the physician to Northbrook Preschool and/or its representatives or to other emergency providers as may be deemed necessary by circumstances for the treatment of the above named child.

To be completed by the physician. Please print using ink:

Allergies: Food, medicines, insects, plants: Yes [] No [] Explain: _____

Special Health Needs & Treatment instructions (ie. Asthma, hearing/vision impairments, feeding needs, neuromuscular conditions, urinary or other health problems, seizures, diabetes, etc): Yes [] No [] Explain: _____

Medications: List all medications *prescribed and taken on a regular basis* _____

List all medications that are to be *administered at Northbrook Preschool* or that are to be kept at the preschool in the event of an emergency (drug, dosage, frequency, method used to administer): _____

Immunizations: Month & Year next immunization is due: _____

Does family choose not to immunize due to a medical condition or to personal beliefs? Yes [] No []

If, yes, please provide *medical* documentation _____

If yes, for *personal* reasons, attach a written statement from parent/guardian _____

Under what circumstances/exposures should child's participation be limited or parents/guardians be notified? _____

Routine Health Examination: Date of last exam: _____ Next exam due in ___/___/___

Height: _____ Weight: _____ Routine Screenings: Normal [] Abnormal []

Explain abnormal results and follow up treatment needed: _____

In my opinion, this child is healthy and able to participate in age appropriate preschool activities.

PHYSICIAN'S SIGNATURE

TODAY'S DATE

Certificate of Immunization (form 3231) and **completion of this form** is required for all students