11225 Crabapple Road
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STUDENT HEALTH CERTIFICATE: 2023 - 2024

(submit one form per child)

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* *<u>or</u> 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 *<u>not</u>* 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) <u>and</u> **completion of this form** is required **for all students**