

**FIRST PRESBYTERIAN WEEKDAY PRESCHOOL
Medical History Form
SCHOOL YEAR 2024-2025**

Child's Name: _____

Date of Birth: _____ Height _____ Weight _____ Sex _____ Male _____ Female _____
Mo/Day/Yr

Pediatrician's name: _____ Phone: _____

Address _____

Has your child had any serious illness, injury, surgery, or hospital stay? Please explain (use back if needed).

Has your child been recommended for and/or received professional assistance for any health _____ speech/language _____ psychological _____ emotional _____ developmental _____ or educational issues _____?

Explain: _____

Please circle any present health concern:

Insect allergy / food allergy / other allergies / asthma / cardiac difficulties/ diabetes / congenital anomalies/emotional problems / urinary difficulties/hearing / vision / seizures / abnormal bleeding

Other: _____

Explain: _____

Student Limitations teachers should know: _____

I understand that I must submit a current GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231 (available from pediatrician) by August 16, 2024 for my child to begin preschool.

Signature of Parent/Guardian

Date