

**FIRST PRESBYTERIAN WEEKDAY PRESCHOOL  
Medical History Form  
SCHOOL YEAR 2025-2026**

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 15, 2025 for my child to begin preschool.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date