## HIGHLAND PARK UNITED METHODIST CHURCH DAY SCHOOL MEDICAL INFORMATION FORM

| Child Name                            | Birth Date  | Age                              |  |
|---------------------------------------|---|----------------------------------|--|
| Home Address                          | Height (no sh   | Height (no shoes)                |  |
|                                       | Weight (light   | t clothing)lbsoz.                |  |
| Child's Physician                     | Address City/State/Zip  | Phone                            |  |
| 1                                     | Address City/State/Zip  | Phone                            |  |
| Parents – Please h                    | ave your child's physician complet<br>on must be returned by your child'  | te the following information.    |  |
| <b>Results of Vision Screen</b>       | ning (required of 4-year-olds and o                                       | lder children)                   |  |
| <b>Results of Hearing Scre</b>        | eening (required of 4–year-olds and                                       | l older children)                |  |
| Diagnosis of physical or              | r mental impairment:  |                                  |  |
| Limited activities (List              | activities in which child should not                                      | participate.)                    |  |
| fo ailitar).                          | on a regular basis (must be in origi                                      | nal container if administered at |  |
| Special dietary needs:                |   |                                  |  |
| Allergies:                            |   |                                  |  |
| Serious illness, injury o             | r hospitalization during the past 12                                      | 2 months:                        |  |
| e e e e e e e e e e e e e e e e e e e | I have examined the above named<br>ically able to take part in the day ca | i v                              |  |
| Physician Signature                   | Date  |                                  |  |
| Parent Signature                      | Date  |                                  |  |

Please return this signed and dated form to the Day School, along with a copy of your child's most recent *immunization record*.