



TRINITY PRESCHOOL

301 Marine Blvd.
Jacksonville, NC 28540
(910)455-4814 ext 106

HEALTH FORM

Please fill out form completely.

Name of Child: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell phone: _____

Height : _____ Weight: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

What contagious diseases has your child been vaccinated for:

Measles: _____ Mumps: _____

Chicken pox: _____ Whooping Cough: _____

Is your child prone to nosebleeds? _____

Does your child wear glasses? _____

Does your child have hearing loss? _____

Does your child have allergies? Please list: _____

Does your child have a physical challenge or condition that we should be aware of? Please explain _____

Does your child have any diagnoses, cognitive, emotional, behavioral or social disorders or delays? _____

*Immunizations please attach a copy of your child's immunization record.

To the Physician: Do you know of any reason why this child should not participate in normal preschool activities, including supervised vigorous outdoor play or any conditions that should limit his/her participation in such activities?

This Child was examined by: _____

(Physician's Name)

On: _____

(Date)

(Physician's Signature)