

St. Francis of Assisi Preschool
 11401 Leesville Road
 Raleigh, NC 27613
 Phone (919)847-8205 Fax (919)865-2852

HEALTH AND IMMUNIZATION REPORT

I authorize my child's physician to release the medical information requested below to St. Francis of Assisi Preschool.

Parent Signature _____ **Date** _____
Required

This form must be signed by the child's physician and returned to the Preschool Office before the child is permitted to attend school.

Child's Name _____ Birth Date _____

Date of Last Exam _____

Health History and Medical Information: *(Please include any medical information that is important to safeguard this child's health during normal preschool activities or in a medical emergency.)*

Allergies (list all including latex): _____ None

Daily Medications: _____ None

Health Restrictions: _____ None

Special Health Needs: _____ None

Immunizations:

	Date	Date	Date	Date	Date
HEP B	#1	#2	#3		
DTP/DTaP	#1	#2	#3	#4	#5
Hib	#1	#2	#3	#4	
IPV	#1	#2	#3	#4	
PCV	#1	#2	#3	#4	
MMR	#1	#2			
Varicella	#1				

Physician's Signature _____ **Date** _____ **Ph#** _____
required