



Kid's LIFE Christian Preschool

Life Fellowship of Frederick

451 Oak Street, Suite 100

Frederick, CO 80530

Director: Kandis Osborn 720-443-1160

Church website: lifefrederick.org

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Health Form 2018-2019

Please use black or blue ink when filling out this form.

STUDENT NAME: _____ AGE: _____

DATE OF BIRTH: _____ / _____ / _____ HEIGHT: _____ WEIGHT: _____ GENDER: _____

PARENT #1: _____ PARENT #2: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO IF YES, PLEASE SPECIFY:

HAS YOUR CHILD HAD THE FOLLOWING ILLNESSES? PLEASE SPECIFY DATES:

CHICKEN POX RUBEOLA RUBELLA ASTHMA MUMPS EPILEPSY POLIO RHEUMATIC FEVER

DIABETES STREP THROAT WHOOPING COUGH OTHER. IF 'OTHER', PLEASE SPECIFY:

HAS YOUR CHILD HAD ANY SURGERIES/ ACCIDENTS/ CHRONIC OR DISABILITY CONDITIONS YES NO IF YES, PLEASE

SPECIFY: _____

DOES YOUR CHILD TAKE ANY MEDICATIONS: YES NO IF YES, PLEASE SPECIFY:

HAS YOUR CHILD HAD ANY DRUG REACTIONS? YES NO IF YES, PLEASE SPECIFY:

DOES YOUR CHILD WEAR GLASSES? YES NO

DOES YOUR CHILD WEAR A HEARING AID? YES NO

DOES YOUR CHILD REQUIRE SPECIAL ASSISTANCE FROM PRESCHOOL STAFF? YES NO IF YES, PLEASE SPECIFY:

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES NO (COPY OF RECORDS MUST BE GIVEN TO THE PRESCHOOL

BEFORE CHILD MAY ATTEND. COLORADO DEPT. OF PUBLIC HEALTH AND ENVIRONMENT – CERTIFICATE OF IMMUNIZATION

FORMS AVAILABLE UPON REQUEST)

*THIS INFORMATION IS CONSIDERED CURRENT FOR 365 DAYS FROM DATE OF SIGNATURE.

I ATTEST THAT ALL INFORMATION ON THIS FORM IS ACCURATE.

PARENT/GUARDIAN SIGNATURE: _____ *DATE