

Wesleyan Preschool Academy
Health and Physical Form

To Be Completed by Parent:

Child's Full Name: _____ Likes to be called: _____

Date of birth: _____ Preferred Hospital: _____

Physician's Name: _____ Phone: _____

Allergies: _____

Typical reaction includes: _____

Last severe reaction: _____

Should school administer Benadryl or any other medications / Epi-pen in case of reaction? _____

If yes, dosage to be administered: _____

We cannot administer medication unless it is life-saving Benadryl or epinephrine as prescribed by a doctor and provided by the parent.

In the unlikely case of an emergency, and after attempting to contact me, I authorize the Wesleyan Preschool Academy to contact local emergency services to take my child to the above mentioned physician or medical facility, and to seek appropriate treatment. I understand that I will be held financially responsible for said transportation and treatment, and will not hold the preschool, its Director or staff, or Kernersville Wesleyan Church responsible for injuries, accidents, or other mishaps that occur at preschool.

Parent Signature

Print Name

To Be Completed By Physician:

Immunizations for this child are up to date: yes _____ no _____

DATE OF NEXT NEEDED IMMUNIZATION: _____

Is this child in general good health? _____

Are there any physical limitations that the preschool should be aware of? _____

I have examined this child and see no reason why he/she should not attend the Wesleyan Preschool Academy, other than the limitations listed above, which will be addressed by the Director and Teacher with the parents.

Physician's Signature/Stamp