



### PRESCHOOL HEALTH STATEMENT/RECORD FORM

*This form is to be filled out by a licensed physician or a licensed nurse practitioner that has seen the child in the last 12 months.*

Children who enroll in the City of Thornton Preschool program must submit a signed and dated statement of the child's health status which indicates the child's abilities and/or limitations to participate in the regularly scheduled class associated with this program.

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

HEALTH HISTORY	ALLERGIES	IMMUNIZATIONS
(chronic or recurring) Ear Infections _____ Diabetes _____ Heart Disease/Defect _____ Convulsion/Seizures _____ Asthma _____ Nosebleeds _____ Other _____	(chronic or recurring) Hay Fever _____ Plant poisoning _____ Insect Bites _____ Penicillin _____ Other drugs _____ _____ _____	<p><b>Please attach a copy of your child's immunization records.</b></p>

Operations or serious injuries (dates): \_\_\_\_\_

Is the child on any medications? (explain): \_\_\_\_\_

Physical limitations: \_\_\_\_\_ Describe: \_\_\_\_\_

Dietary limitations: \_\_\_\_\_ Describe: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Date of my most recent examination of child: \_\_\_\_\_

\_\_\_\_\_  
Signature of physician or licensed nurse practitioner

\_\_\_\_\_  
Date

I will not allow my child to attend if he/she becomes exposed to any contagious disease or if, for any reason, I do not consider my child to be in good physical condition.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Fax or mail to:**

Margaret Carpenter Recreation Center  
11151 Colorado Blvd.  
Thornton, CO 80233  
Fax No. 720-977-5929  
Attn: Jennie Garner

Thornton Community Center  
2211 Eppinger Blvd.  
Thornton, CO 80229  
Fax No. 720-977-5964  
Attn: Jennie Garner