Gethsemane
EARLY LEARNING CENTER

Health Form
2022-2023

Child's Name:_____ **Date of Enrollment:**_____

Address:_____ Date of Birth:_____ Gender: M F

City: _____ Zip:_____ Home phone #:_____

Parent/Guardian Name: _____

Date of last physical exam: _____ How long have you been seeing this child?

(To be completed by Health Care Source)
Problems of which you should be aware:_____

_____

Hearing: _____
Allergies:_____
Medication:_____
Vision: _____ Insect stings:_____
Developmental: _____ Food:_____
Language/Speech: _____ Asthma:_____
Dental:_____
Other (Include behavioral concerns):_____

_____

Comments/Explanations:

_____

_____

_____

_____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

_____

_____

_____

I have _____ have not _____ reviewed the above information with the parent/guardian.
Physician:_____
Address:_____
Telephone: _____
Signature: _____ Date This Form Completed: _____

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