



Awbury Nature Days

CHILD'S HEALTH REPORT

(TO BE COMPLETED BY PHYSICIAN)

CHILD'S NAME _____

DATE OF LAST MEDICAL CHECK UP _____

Please provide a record (either below or attached) of the immunizations this child has received to date. If this child is unable to receive immunizations due to medical reasons, please explain.

Does this child have any allergies? If yes, please indicate:

Are there any medical problems which would interfere with preschool activities? If yes, please indicate:

Any limitations?

Do you have any recommendations for this child relevant to a preschool experience? Please indicate:

PHYSICIAN'S NAME & ADDRESS:

PHYSICIAN'S SIGNATURE _____ DATE _____