

OUR SAVIOR'S LUTHERAN PRESCHOOL
1800 21st. Avenue
Greeley, Co. 80631
970-336-6420

MUST BE SIGNED AND DATED BY HEALTH CARE PROFESSIONAL!

CHILD'S STATEMENT OF HEALTH 2022-2023

Each child attending Our Savior's Preschool must have an exam or medical clearance each year by a licensed physician or qualified health provider. It is acceptable to use an official approved health form for your child's statement of health –but this form must be filled out as well. Any child with specific allergies must fill out additional forms.

Child's full name: _____ DOB ___/___/___ Sex _____

Home Address: _____ Phone(s) _____

Mother's Name: _____ Father's Name _____

Doctor's Name, Address, Phone: _____

Alternate Doctor, Address, Phone: _____

Dentist Name, Address, Phone: _____

Hospital of my choice, Address, Phone: _____

Health Insurance: _____ Policy#: _____

Past Illnesses (please check and give appropriate dates)

___ Chicken Pox

___ Mumps

___ Rheumatic Fever

___ Hay Fever

___ Diabetes

___ Epilepsy/seizures

___ Whooping Cough

___ Pneumonia

___ Rubella/Measles

___ Food/Substance Allergies

___ Asthma

___ Strep Throat

Drug reactions/allergies: _____

Other: _____

I (the parent or guardian) hereby give my consent to Our Savior's Preschool to seek emergency attention for my child. In the event of any emergency, 911 will be called and the preschool will make every reasonable effort to contact the parents or references.

Signed: _____ Date: _____

****STATEMENT OF HEALTH – SIGNITURE OF PHYSICIAN OR PROVIDER:**

Date: _____

**** DATE OF NEXT VISIT**