The Kinder Garden Preschool
Mail forms to: 2617 Kinlawton Place, Raleigh NC 27614
Phone: (919) 805-0479
www.thekindergardenraleigh.com

Preschool Medical Information

Child's Information:

First: _____ Middle: _____ Last: _____
Gender: _____ Birth date: _____ Age as of 8/1/24: _____
Address: _____
City: _____ State: _____ Zip: _____

Parent Information

First and Last Name: _____ Occupation: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____

History:

Allergies		Diabetes	Rheumatic Fever
Asthma		Drug Sensitivities	Tuberculosis
Chicken Pox		Epilepsy	Other:
Chronic Colds		Measles	
Chronic Sore Throats		Mumps	
Chronic Ear Infections		Nosebleeds	

PX:

Abdomen		Head	Mouth
Adenoids		Heart	Nose
Ears		Hearing	Tonsils
Eyes		Lungs	Vision
Extremities			

Record of Immunization:

	1st Dose	*2nd Dose*	*3rd Dose*	*4th Dose*
DTaP				
Polio				
MMR				
HIB				
Hep B				
Varivax				

Do you recommend this child for preschool? Y / N
Are there any medical conditions, operations, accidents that we should be aware of?

_____

_____

Physician's Signature _____ Date _____