

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

Camp Medical Information

Child's Information:

First: _____ Middle: _____ Last: _____
Gender: _____ Birth date: _____ Age as of 6/1/26: _____
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 from your pediatrician or documents from "MyChart"

NOTE: This form **MUST** be signed and stamped by your pediatricians office.

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
