

St. John's Episcopal Church Preschool  
P.O. Box 608  
Wake Forest, N.C. 27588  
Phone: 919-562-8619 Fax: 919-554-9581

2011/2012  
**Medical Form**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of Parents \_\_\_\_\_  
Address of Parents \_\_\_\_\_  
Street City State Zip

**MEDICAL HISTORY**

Has your child ever been stung by bees & or fire ants?

Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, please identify allergy and contact preschool office for a copy of our Allergy Action Plan: \_\_\_\_\_

Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_;  
Diabetes No \_\_\_ Yes \_\_\_; convulsions No \_\_\_ Yes \_\_\_; heart trouble No \_\_\_ Yes \_\_\_;  
Asthma No \_\_\_ Yes \_\_\_ If others, what/when? \_\_\_\_\_

Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Does the child have any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In the event of an emergency, every attempt will be made to contact parents or the emergency contact on the registration card. However, if these attempts are unsuccessful, we ask that you sign the following waiver:

**\*I give permission for St. John's Preschool to seek emergency medical treatment for my child, \_\_\_\_\_ (child's name). Must be signed or child cannot be at school.**

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*\*\* (A current immunization record must be completed and signed by your child's doctor on Dr's letterhead. The completed medical form must be faxed or returned to the preschool at our Open House in August for registration to be complete.) FAX# 919-554-9581**