

The Carpenter's Clubhouse Preschool

Central United Methodist Church

113 South Piedmont Avenue

Kings Mountain, NC 28086

(704) 739-2471 ext. 108

Medical Information and Release Form:

Students Name _____ Date of Birth _____

Physical Examination:

This examination must be completed and signed by a licensed physician, his/her authorized agent approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Date of Examination: _____ Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____

Neurological System _____ Skin _____

Result of Tuberculin Test, if given: Type _____ Date _____ Normal _____ Abnormal _____

Should activities be limited? ___ YES ___ NO If yes, explain: _____

Any other recommendations: _____

Signature and title of examiner _____ **Phone number:** _____

Medical History (May be completed by a parent):

Is child currently under a doctor's care? ___ YES ___ NO If yes, why? _____

Is child on any continuous medication? ___ YES ___ NO If yes, what? _____

Any previous operations or hospitalizations? Type _____ Date _____

Does your child have any speech problems that you are aware of? _____

Has your child had a vision test? ___ YES ___ NO What were the results? _____

Has your child had a hearing test? ___ YES ___ NO What were the results? _____

Are there any medical, mental, or developmental circumstances that we should be aware of? _____

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Check any of the following health concerns that apply to your child:

Diabetes

Kidney Disorder

Lung Disorder

Heart Trouble

Convulsions/Seizures

Asthma**

Migraines

Hearing Problems

Allergies**

Other _____

**** Please note: All life threatening conditions/ allergies and asthma conditions requiring the availability of an epi-pen or inhaler REQUIRE an authorized health care plan prior to attending school. Also REQUIRED is the Authorization for Medical Administration form available in the school office.**

If your child has allergies, please list in detail: _____

What reactions might your child have? _____

Does your child have an Epi-Pen? NO YES Does your child use an inhaler for asthma? NO YES

(Please remember to fill out the "Authorization for Medical Administration" form!)

Does your child take any prescribed medications? NO YES Please explain: _____

Absolutely NO medications will be administered at school without the written authorization of a physician and a parent! All medications must be brought to school in the original container with the student's name and prescription information on the label.

(The "Authorization for Medical Administration" form is available upon request from the school office.)

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Received by

Date