

First Faith Preschool & Kindergarten
777 N. Walnut Creek Dr.
Mansfield, Texas 76063
817-473-2785
682-518-7786 (fax)

Medical Information Form

****MUST BE COMPLETED BY THE PHYSICIAN****

Name of Child: _____ Date of Birth: _____

Please attach a copy of this child's most current immunization record to this form.

Developmental Delays*: **Yes No**
If yes, explain: _____

Allergies*: **Yes No**
If yes, explain: _____

Does this child have any other medical conditions* that should be mentioned (such as asthma, hay fever, etc.)? **Yes No**
If yes, explain: _____

(*Documentation of diagnosis and/or treatment plan may be requested upon enrollment)

For ages 4 and up only:

Did this child pass a hearing screening in the last year? **Yes No**

Does this child require a hearing aid **Yes No**

Did this child pass a vision screening in the last year? **Yes No**

Does this child require glasses? **Yes No**

Attach RESULTS of the hearing/vision screening to this form (per state licensing requirements).

DOCTOR'S STATEMENT: I have examined this child within the past year and find that he/she is physically able to take part in preschool/kindergarten.

Physician's Signature: _____

Date: _____

Print Physician Name: _____

Phone Number: _____

Address: _____

City, Zip: _____