CONCORDIA LUTHERAN SCHOOL
13371 W. ALAMEDA PKWY.
LAKEWOOD, CO 80228
PHONE 303-989-5260 FX 303-988-3136

GENERAL HEALTH APPRAISAL (2-12 years)

FOR ENROLLMENT IN CHILD CARE

To be completed by The Health Care Professional (Please print.)

Child's Name: _____Birthdate: _____

Date of most recent examination: _____ (Note: within the last 12 months)
Weight_____ Height_____

Health History and Medical Information pertinent to routine child care and emergencies:
Special diet_____
Allergies_____ Type of reaction_____
Current Medications_____

Comments: (include instructions to the child care providers_____
_____
Y N Health Care Plan attached

Is there any condition that would limit participation in our program? _____

Please describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development: _____None
_____
_____

Comment on any significant findings:
Vision:_____ Hearing:_____ Speech:_____
Surgeries:_____
Serious Injuries: _____

_____
Health Care Provider Name (please print)

_____ _____
(This form is good for the entire 2017-18 school year)
Signature of Health Care Provider **Date**
Address_____Phone_____

I, _____, give consent for my child's health care provider and child care provider to discuss my child's health concerns.
_____ _____
Parent or legal guardian signature Date

(over)

HEALTH HISTORY

To be completed by Parent or Guardian and returned to preschool before the first day of class.

General evaluation of family's health:
_____
_____
_____
_____
_____

Family deaths(causes):_____
_____
_____
_____

Child's illnesses: If your child has had any of these diseases, please state the age at which he/she had them.

_____measles
_____mumps
_____whooping cough
_____chicken pox
_____asthma
_____smallpox
_____diabetes
_____rheumatic fever
_____pneumonia

Please check any of the following which you have noticed.

_____frequent sore throat
_____frequent nose bleed
_____frequent urination
_____tires easily
_____poor vision
_____persistent cough
_____frequent headache
_____speech difficulty
_____four or more colds per year
_____hard of hearing

Describe your child socially and emotionally:
_____
_____
_____

PLEASE ATTACH CURRENT IMMUNIZATION RECORDS

_____ _____
Signature of Parent or Guardian
(This form is good for the entire 2017-18 school year) Date