

Is this child allergic to
peanuts or tree nuts?

☐ **YES** ☐ Not yet
not yet

Pilgrim Lutheran Preschool and Parents Time Out

3650 W. 106th Street, Carmel, IN 46032-9607

email: pilgrimpreschool@pilgrimindy.org

Phone: (317) 846-6132 fax: 317-846-3590

HEALTH FORM

2013-2014



Last Name

First Name

Gender

Birth Date

Address

City

Zip

(Please check if applicable)

Allergies? ☐ Please List Allergies _____

Please list any items to which your child is sensitive (i.e. eggs, citrus fruits, peanut butter, dog hair, etc.)

Frequent Colds _____ Hay Fever _____ Draining Ears _____ Asthma _____ Seizures _____

Medical History

Condition	Month/Year	Condition	Month/Year
Chicken Pox		Whooping Cough	
Measles		Pneumonia	
Rubella		Scarlet Fever	
Scarlet Fever		Kidney Disease	
Rheumatic Fever		Diabetes	
Operations		Other Illnesses	

Immunization History

Immunization	Dates-----	Booster	Immunization	Date
DPT -Diphtheria/Pertussis/Tetanus			Measles	
Oral Polio			Mumps	
MMR			Rubella	
Hepatitis			Chicken Pox	
Hib			Pneumococcal	
Other			Tuberculin Test	

Does this child have any health condition that would be hazardous to him/herself or to other children in a group setting as a result of participation in normal preschool activities? Yes _____ No _____

If yes, what modification of normal activities would be necessary to protect the child and his/her classmates?

Physician's Signature _____ Date _____

~~~~~PARENT AUTHORIZATION FOR MEDICAL TREATMENT~~~~~

In case of medical emergency, I understand that Pilgrim Lutheran Preschool and Parents' Time Out will make every possible effort to reach me. If I cannot be reached, I hereby give permission to the licensed physicians selected by Pilgrim Lutheran Preschool and Parents' Time Out to hospitalize, secure proper treatment, anesthesia, surgery, or x-rays for my child named on this form.

Child's Name _____

Parent/Guardian Signature _____ Date _____