

**Angel Land Preschool**  
at Cross Church NRH  
Health Form & Medical Statement

**Attach a Copy of Current Shot Records**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

List any of the child's special problems or needs including known allergies, existing illnesses, previous serious illnesses and injuries, disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADMISSION REQUIREMENT BY LICENSING:**

HEALTH CARE PROFESSIONAL'S STATEMENT MUST BE SIGNED BEFORE CHILD CAN ATTEND SCHOOL (If your shot record has this statement on it, you do not have to have this one signed):

I have examined the above child within the past year and find that he/she is physically able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional's Signature \_\_\_\_\_ Date

State Licensing requires all **Four-Year-Old** children enrolled in a school program to be screened for Hearing and Vision. This needs to be done by a physician or health care professional of your choosing. Please have the following information completed:

VISION      R 20/\_\_\_\_      L 20/\_\_\_\_      \_\_\_\_\_ PASS      \_\_\_\_\_ FAIL

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HEARING	1000Hz	2000Hz	4000Hz
R	_____	_____	_____ PASS    _____ FAIL
L	_____	_____	_____ PASS    _____ FAIL

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_