

General Health Appraisal Form

Sunrise Preschool

Parent: School must have a physical copy on file. This may NOT be faxed or emailed.

Child's Name: _____ DOB: _____

I, _____ give consent for my child's health provider and school personnel to discuss my child's health concerns.

Parent or guardian signature

Date

Health Care Provider: Please complete after parent section has been completed

Date of this exam: _____ Weight _____ Height _____ BP _____

Physical Exam: _____ Normal _____ Abnormal

Significant Health Concerns: _____ None _____ Asthma _____ Seizures _____ Diabetes
_____ Developmental _____ Vision _____ Hearing _____ Allergies _____ Other

Explain above concerns: _____

Current Medications/Special Diet: _____ No _____ Yes

If yes, please describe: _____

This form is accompanied with a copy of child's most updated Immunization Record: _____ No _____ Yes

***Separate authorization form is required for special needs/concerns or medications given in Child Care.**

This child is healthy and may participate in all routine activities, sports and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider

Date

Sunrise Preschool
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