

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: _____

***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
2655 Briargate Blvd. Colorado Springs, CO 80920
(719) 594-9500**