

Please return by: **Aug. 1**

**Health Record**

Friendly Flock Preschool  
225 W. State Street  
Pendleton, IN 4606  
765-778-3700

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_

Physician's  
Name \_\_\_\_\_

Physician's Phone  
Number \_\_\_\_\_

Physician's  
Address \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If yes, what is your child's reaction? \_\_\_\_\_

Does your child have any medical concerns? \_\_\_\_\_

Does your child take any medication(s)? \_\_\_\_\_

Does your child have any of the following: Asthma \_\_\_\_\_ Seizures \_\_\_\_\_  
Visual Impairment \_\_\_\_\_ Glasses \_\_\_\_\_ Hearing Impairment \_\_\_\_\_  
Hearing Aids \_\_\_\_\_ Speech Delays \_\_\_\_\_ Speech Intervention \_\_\_\_\_  
Diabetes \_\_\_\_\_ Any Other Health Concerns \_\_\_\_\_

**If your child has medical concerns that would prevent him/her from participating in school activities, please send documentation from your child's doctor.**

**Please return a copy of your child's updated immunizations, along with this form, by August 1.**