

OUR SAVIOR'S LUTHERAN PRESCHOOL

**1800 21st. Avenue
Greeley, Co. 80631
970-336-6420**

MUST BE SIGNED AND DATED BY HEALTH CARE PROFESSIONAL!

CHILD'S STATEMENT OF HEALTH 2024-2025

Each child attending Our Savior's Preschool must have an exam or medical clearance each year by a licensed physician or qualified health provider. It is acceptable to use an official approved health form for your child's statement of health –but this form must be filled out as well. Any child with specific allergies must fill out additional forms.

Child's full name: _____ DOB ___/___/___ Sex _____

Home Address: _____ Phone(s) _____

Mother's Name: _____ Father's Name _____

Doctor's Name, Address, Phone: _____

Alternate Doctor, Address, Phone: _____

Dentist Name, Address,
Phone: _____

Hospital of my choice, Address, Phone: _____

Health Insurance: _____ Policy#: _____

Past Illnesses (please check and give appropriate dates)

- | | |
|--|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/seizures |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Rubella/Measles | <input type="checkbox"/> Food/Substance Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Strep Throat |

Drug reactions/allergies: _____

Other: _____

I (the parent or guardian) hereby give my consent to Our Savior's Preschool to seek emergency attention for my child. In the event of any emergency, 911 will be called and the preschool will make every reasonable effort to contact the parents or references.

Signed: _____ Date: _____

****STATEMENT OF HEALTH – SIGNATURE OF PHYSICIAN OR PROVIDER:**

_____ **Date:** _____

**** DATE OF NEXT VISIT**** _____