

St. Francis of Assisi Preschool
112 Saxer Avenue, Springfield PA 19064
610-543-0546 · www.sfaschool.com

HEALTH FORM

Child's Name: _____

The following information will assist our staff in the planning and care of your child. Any information you provide is confidential and will not be disclosed without your consent.

HEALTH INSURANCE

Company: _____

Address: _____

Phone Number: _____

Policy/Group ID Number: _____

CHILD'S PHYSICIAN

Name: _____

Address: _____

Phone Number: _____

Has your child experienced difficulty with or had any of the following (if yes, explain):

Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional/Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your child currently on medication? (list any over-the-counter or prescription)

Is there any other information that you feel would be helpful in caring for your child?

I hereby authorize the staff of St. Francis of Assisi Preschool to act for me according to their best judgement in an emergency requiring medical attention, and I hereby waive and release St. Francis of Assisi Preschool from any and all liability for an injuries or illness incurred while at St. Francis of Assisi Preschool. I have no knowledge (other than listed above) of any physical impairment that would be affected by the above name child's participation in the preschool program.

Signature: _____ Date: _____