

Cross of Christ Lutheran Preschool and Kindergarten

12099 Lowell Blvd.

Broomfield, Colorado 80020 (303) 469-1574

Health Form 2010 – 2011

Family Information (to be completed by parents:)

Child's Name _____ Sex _____

Birth date _____

Street _____

City/State _____ Zip _____

Mother or Guardian's Name _____

Father or Guardian's Name _____

This section must be completed and signed by the child's doctor.

If Tuberculin Test Given: Date _____ Result _____

Life Threatening Allergies, Surgery, Accidents, Illnesses, Chronic or Handicapping problems: _____

Physical Findings (Include Vision and Hearing, if tested): _____

Recommendations for Health Follow-up in Child Care Settings: _____

Restrictions:

Activity _____

Diet _____

Other _____

Physician's Name _____

Address _____ Phone _____

Signature _____ Date _____