

Zion Lutheran School Preschool Daycare
Fax (303) 659-2342
School (303) 659-3443
GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ Birthdate: _____
Allergies: None or Describe _____ Type of Reaction _____
<input type="checkbox"/> Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.
I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel.
FAX #: _____ DATE: _____
Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____
Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____
Allergies: None <input type="checkbox"/> Describe <input type="checkbox"/> _____ Type of reaction _____
Significant Health Concerns (Circle any or all that apply): Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____
Explain above concern (if necessary, include instructions to care providers): _____
Current Medications/Special Diet: None or Describe _____
Separate medication authorization form is required for medications given in school, child care or camp.
<input type="checkbox"/> See Attached Immunization Record

Provider Signature

Next Well Visit: Per AAP guidelines or Age _____ This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.
_____ Signature of Health Care Provider (certifying form was reviewed)
License # _____ Date: _____

Office Stamp Or write Name, Address, Phone,

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07
*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.
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