

GENERAL HEALTH APPRAISAL FOR ENROLLMENT IN TINY TREASURES  
PRESCHOOL

(completed by the Health Care Professional)

CHILD'S NAME \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Parent / Guardian \_\_\_\_\_

**Health History and Medical Information** pertinent to routine child care & emergencies:

\_\_\_\_\_ None

\_\_\_\_\_ Describe:

Special Diet \_\_\_\_\_

Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Current Medications \_\_\_\_\_

**Describe any Recurrent Health Problems** (such as asthma, seizures, ear infections, diabetes, etc...) illness, hospitalization or concerns with development \_\_\_\_\_ None

---

---

**Comments:** (include instructions to the child care provider(s))

**Date of most recent examination of child** \_\_\_\_\_ (within the last 12 months)

Weight \_\_\_\_\_ Height \_\_\_\_\_ Dental Screening \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

\* Immunizations given or attach immunization record:  
\_\_\_\_\_

**This child \_\_\_ is \_\_\_ is not physically or emotionally able to participate  
in the Redeemer Lutheran Tiny Treasures Preschool.**

Health Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Health Provider Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I \_\_\_\_\_ give consent for my child's health care provider  
(name of parent / legal guardian)

& child care provider to discuss my child's health concerns.

\_\_\_\_\_  
Parent or Legal Guardian

Date \_\_\_\_\_

