

# Sandy Springs United Methodist Preschool Medical Form

## Medical Statement

### To Be Completed By Physician

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Address \_\_\_\_\_

#### **ALLERGIES:**

To: Medications \_\_\_\_\_ Foods \_\_\_\_\_ Skin \_\_\_\_\_ Airborne \_\_\_\_\_

Insect Bites \_\_\_\_\_ Sunburn \_\_\_\_\_ Other \_\_\_\_\_

Describe, if any above are positive \_\_\_\_\_

Symptoms produced \_\_\_\_\_

Medication Given \_\_\_\_\_

Any other medical conditions \_\_\_\_\_

Additional Comments or Special Recommendations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tubes in Ears \_\_\_\_\_

\_\_\_\_\_ (Child's Name) has been examined by me and is physically able to participate in **Sandy Springs United Methodist Preschool** activities.

Date of Last Examination \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

**THIS PAGE, ALONG WITH CURRENT GEORGIA IMMUNIZATION CERTIFICATE 3231**