



HIS KIDS
PRESCHOOL & KINDERGARTEN
~Health Record~

538 Park Ave, Reading, PA 19611 610-372-1962

This document must be on file within thirty days from the first day of class.
His Kids Preschool admits students of any race, color, and national or ethnic origin

Child's Name: last first middle sex date of birth

Address: street city zip telephone

Father: Mother:

IN EMERGENCY NOTIFY:

Telephone:

If above person can not be notified, call:

Telephone:

Family Physican: name address telephone

Family Dentist: name address telephone

Is your child on daily medication(s)? If yes, state type and purpose.

Does your child have any restrictions? If yes, state them:

Does your child have any allergies? If yes, state them.

IMMUNIZATIONS: (The following immunizations are required for preschool and kindergarten entrance.)

DPT 1. 2. 3. 4. (after age 4) OPV/IPV 1. 2. 3.

MMR 1. 2. (after age 4) Hepatitis B 1. 2. 3.

Kindergarten Only:

Visual Screening Hearing Screening

is under my care. I find him/her in good physical condition. This child is able to enter into routine school activities.

Comments/Restrictions, If Any:

Signature of Doctor

Date