

Grace Fellowship Church (GFC) Pre-School and MDO  
Health Record Form

Child's Name: \_\_\_\_\_  
Gender: M F (please circle) Birth Date: \_\_\_\_\_

List any chronic illnesses or conditions:  
\_\_\_\_\_

List any allergies:  
\_\_\_\_\_

Treatment for allergies listed above:  
\_\_\_\_\_

List any medication prescribed for long-term continuous use:  
\_\_\_\_\_

Please list any conditions for which this child may require special treatment or other causes for concern, include any hospitalizations over last 12 months:  
\_\_\_\_\_

\*\*If the parent has had an exam within the past year and affirms here that the child is able to safely participate, then the parent may sign here \_\_\_\_\_ and agrees to provide the Doctor's form below within one month of admission. Today's date: \_\_\_\_\_.

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BELOW LINE TO BE COMPLETED ONLY BY PHYSICIAN'S OFFICE  
Or place Clinic Stamp here:

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**PHYSICIAN'S EXAMINATION and IMMUNIZATION RECORD**

I have examined the child named on this form and find that he/she is able to participate in structured GFC Preschool/MDO programs. I have examined the immunization record and attest that it is a true and accurate listing and up to date.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORDS TO THIS FORM.**