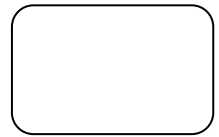


This form is due for each child by **8/15/12** regardless of your child's next Annual Physical appt. It must be signed by your child's physician.

FIRST PRESBYTERIAN CHURCH WEEKDAY SCHOOL

Medical Form 2012-2013

Fax: 704-334-4135



Child's Name: (last) _____ (first) _____ (middle) _____ Birthdate _____

Parent or guardian: _____

Address _____

Medical History

To be completed by parent/guardian:

Previous hospitalization: _____

1. Allergies: _____

2. Physical disabilities: _____

3. History of seizures: ____yes ____no

4. Illnesses or medical conditions we should know about: _____

5. Dietary/other restrictions: _____

6. Regular medications (Make note of any here and we will provide you with further forms):



To be completed by physician:

1. Date of last examination: _____

2. Restricted activities: _____

Physician's signature: _____ Date: _____

Name and address of medical practice:
(Office stamp may be used)

 **Immunization Record** 

All immunizations must be sent in and up to date by 9/01/12 to attend the WDS!

A copy or print-out of the immunization record from the physician's office may be attached, mailed or faxed (704-334-4135).