KENSTON SCHOOLS

PRESCHOOL ONLY
SCHOOL ENTRANCE MEDICAL RECORD
AND IMMUNIZATION INFORMATION

(to be completed and signed by parent/guardian)

NAME: _____ BIRTHDAY: _____
Month/Day/Year

NAME OF PHYSICIAN: _____ TELEPHONE: _____

NAME OF DENTIST: _____ TELEPHONE: _____

DISEASE AND ILLNESS HISTORY (Give Year)			
Chicken Pox:	Scarlet Fever:	Eczema:	Diabetes:
Measles:	Convulsions:	Ear Infections:	Heart Disease:
Mumps:	Strep Infection:	Hearing Problems:	Kidney Disease:
Rubella:	Hay Fever:	Vision Problems:	Other:
Any known physical handicaps (explain):			
Allergies or asthma (explain):			
Emergency treatment required (explain):			
Bee Sting Allergy/Food Allergy:			
Emergency treatment required (explain):			
Hospitalization (reasons and dates):			
Injuries or Operations (types and dates):			
Serious Illness (types and dates):			
Is your child currently on any medication?			
Name of medication:		Reason for medication:	
Will your child need this medication at school? (circle one) Yes No			
Other health problems (explain):			

Family History

Serious illness in immediate family (indicate family member)

Diabetes:	Tuberculosis:	Heart Disease:	High Blood Pressure:

Attach a copy of the child's current immunization record.

Other (Specify type and dates): _____

Parent/Guardian Signature: _____ **Date:** _____

Revised 1/2019