



Child Priority Preschool  
12200 West 38<sup>th</sup> Avenue  
WR, Co 80022  
303-424-0336

## General Health Appraisal for Enrollment

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of most recent health exam \_\_\_\_/\_\_\_\_/\_\_\_\_ (Note: Must be within last 12 months)

a) Attach Child's Immunization Record to this signed health appraisal.

Health History and Medical information: pertinent to routine child care and emergencies

\_\_\_\_\_ None \_\_\_\_\_ Describe below

Special Diets \_\_\_\_\_

Allergies \_\_\_\_\_

Type of reaction \_\_\_\_\_

Current medication \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

**Describe any recurrent health problems:**

Health Provider Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Provider Signature \_\_\_\_\_ Title \_\_\_\_\_

**Doctors Office Stamp:**