

St. Raphael Preschool

5801 Falls of the Neuse Road, Raleigh, NC 27609

(919) 865-5728 fax (919) 865-5701

HEALTH AND IMMUNIZATION REPORT

I authorize my child's physician to release the medical information requested below to St. Raphael Preschool.

Parent Signature _____ Date _____
required

This form must be signed by the child's physician and returned to the Preschool Office before the child is permitted to attend school.

Child's Name _____ Birth Date _____ Date of Last Exam _____

Health History and Medical Information: *(Please include any medical information that is important to safeguard this child's health during normal preschool activities or in a medical emergency.)*

Allergies (list all including latex): None Daily Medications: None

Health Restrictions: None Special Health Needs: None

Immunizations:

	Date	Date	Date	Date	Date
Hep B	#1	#2	#3		
DTP/DTaP	#1	#2	#3	#4	#5
Hib	#1	#2	#3	#4	
IPV	#1	#2	#3	#4	
PCV	#1	#2	#3	#4	
MMR	#1	#2			
Varicella	#1	#2			

Physician's Signature _____ Date _____ Ph # _____
required