FIRST KIDS
HEALTH CONSENT FORM - 2019/2020 School Year

(Parent to complete this side)

First Presbyterian Church
P.0. Box 789
Concord, NC 28025
704-788-2812 (office)

Date:_____
Class Assignment Age:_____

All forms MUST be mailed or hand delivered to First Kids; please, do NOT fax this form.

Child's Name_____ Sex _____
(Circle name by which child is called)_____
Address:_____City/State:_____ Zip:_____
Age:_____ Date of Birth ____/____/____ Home Phone ( )_____Email_____
Father's Name:_____Occupation:_____Work#:_____ Cell#:_____
Mother's Name:_____ Occupation:_____ Work#:_____ Cell#:_____
Religious Affiliation:_____ Name of Church:_____

Health Report:

List any operations, contagious diseases, broken bones and/or hospital stays (other than birth) that your child has had._____ _____

Frequent Respiratory Infections: Yes/No Is your child toilet trained? Yes/No

Has your child had the following diseases? Yes/No Please circle

Measles: Yes/No	German Measles: Yes/No	Scarlet Fever: Yes/No	Whooping Cough: Yes/No
Mumps: Yes/No	Chicken Pox: Yes/No	Poliomyelitis: Yes/No	Heart Disease: Yes/No
Diabetes: Yes/No	Rheumatic Fever: Yes/No	Kidney Disease: Yes/No	Convulsions: Yes/No
Epilepsy: Yes/No	Asthma: Yes/No	Infectious Hepatitis: Yes/No	

List any known allergies_____
Child's Physician:_____ Physician's Phone:_____
Physician's Address:_____City/State:_____Zip:_____
(First Choice) Doctor:_____ Phone:_____
(Second Choice) Doctor:_____Phone:_____

Does your child receive therapy for any purpose….occupational, speech or language, physical, behavioral etc?
If so, please explain_____
_____

Give the name of person to be called in case of emergency when neither parent can be located by phone
Name: _____ Address: _____
City/State: _____ Phone: _____
Name of health insurance company:_____ Policy Number:_____

_____ _____
Parent's Signature Date

Please complete this side and have your child's physician complete the reverse side.
RETURN THIS FORM AND AN UP-TO-DATE IMMUNIZATION RECORD prior to your child's first day of school.

FIRST KIDS
HEALTH CONSENT FORM – 2019/2020 School Year
(Physician to complete this side)

Child's Name:_____ Date of Birth:____/____/____
Height _____ Weight _____

Medical History:

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
HEENT	_____	_____	Heart	_____	_____	Extremities	_____	_____
Skin	_____	_____	Abdomen	_____	_____	Neurological	_____	_____
Lung	_____	_____	Genital	_____	_____	Emotional	_____	_____

Describe any abnormalities: _____
Does the child have any chronic medical problems and/or take medications for chronic medical problems: Yes/No
If Yes, please describe and list medication(s):_____
Should this child be restricted from any activity? Yes/No If yes, please explain: _____
_____
Physician's Comments:_____
Immunizations are up-to-date. Yes _____ No_____ If no, please provide an explanation _____
_____

_____ _____
Physician's Signature **Date**

Physician's Address: _____ City/State _____Zip:_____
Phone:_____ Date of last examination:_____

First Kids requires that immunizations be up-to-date in accordance with the guidelines of the American Academy of Pediatrics.
Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2012

PLEASE ATTACH A COPY OF THIS CHILD'S IMMUNIZATION RECORD AND RETURN WITH THIS FORM

Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 months	2-3 yrs.	4-6 yrs.
REQUIRED IMMUNIZATIONS											
Hepatitis B	HepB	Hep B			Hep B						
Varicella						Varicel la					
Diphtheria, Tetanus,Pertussis			DTa P	DTa P	DTaP		DTaP				
Haemophilus Influenza type b			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV					
Inactivated Poliovirus			IPV	IPV	IPV						IPV
Measles, Mumps, Rubella						MMR					
RECOMMENDED IMMUNIZATIONS											
Influenza	Influenza (recommended yearly)										
Rotovirus			RV	RV	RV						
Hepatitis A						Hep A (2 Doses)					

Examination needs to be within 12 months prior to the first day of school for the 2019/2020 school year.
Upon request, an exception for the annual exam may be made for four-year-old children who can show that immunizations are up-to-date.
*American Academy of Pediatrics website: http://www.aap.org/