

FIRST KIDS
HEALTH CONSENT FORM - 2024/2025 School Year

(Parent to complete this side)

First Presbyterian Church
P.O. 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 email this form.

Child's Name _____ Sex _____

(Circle name by which child is called) _____

Address: _____ City/State: _____ Zip: _____

Age: _____ Date of Birth ____/____/____ Home Phone () _____ Email _____

Parent's Name: _____ Occupation: _____ Cell _____ Work: _____

Parent's Name: _____ Occupation: _____ Cell _____ Work: _____

Religious Affiliation: _____ Name of Church: _____

Health Report:

List any operations, medical conditions, 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

Has your child been introduced to peanut butter? Yes/No If so, did he/she have an allergic reaction? Yes/No

List any known allergies _____

Child's Physician: _____ Physician's Phone: _____

Physician's Address: _____ City/State: _____ Zip: _____

Child's Dentist _____ Phone: _____

First Choice Hospital _____

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 by July 1, 2024 if your child is entering this fall, or
prior to your child's first day of school if entering at a later date.

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 (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 mos	2-3 yrs	4-6 yrs
REQUIRED IMMUNIZATIONS											
Hepatitis B	HepB	Hep B			Hep B						
Varicella						Varicella					
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	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)									
Rotavirus			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 2024/2025 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/>