

St. Gertrude's Preschool

28 School Street, Bayville, NY 11709

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www.stgertrudesprek.org



OFFICE USE

Teacher:

PHYSICIAN'S REPORT

2024-2025 School Year

Child's Name _____, date of birth _____
has been enrolled in our school. Classes meet from two to five mornings per week in groups of 6-18 children. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment. A mid-morning snack is served – usually fruit juice and crackers.

Does this child require special attention, medication, or routines, or have any physical condition that may have to be taken into consideration in planning for the child's time in school?

In your opinion, is this child physically and emotionally able to participate in a preschool program like the one described above?

Yes No

PAST ILLNESSES:

- | | | |
|------------------------------------------|-----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Urinary Tract infection |

Are there any other serious illnesses, operations or accidents that we should be aware of?

Physician's Signature _____ Date _____

PLEASE ATTACH AN UPDATED VACCINATION RECORD FOR THIS CHILD