

Next Generation Preschool
Health Information Form
2011-2012

Student Name _____ **Date of Birth** _____

Address _____ **City** _____ **Zip** _____

Name of mother's place of employment _____ **Phone** _____

Name of father's place of employment _____ **Phone** _____

List any known allergies, dietary restrictions, chronic/recurring illness, or any other medical condition below:

Name of family physician _____ **Phone** _____

Name of dentist/orthodontist _____ **Phone** _____

Current medications

Medication name: _____ Dosage _____ How Often? _____ Reason for taking _____

Medication name: _____ Dosage _____ How Often? _____ Reason for taking _____

Are all immunizations current? _____ (Please have your child's immunization record on file within the first 30 days after admission)

Video/Picture Release Form

I hereby consent the use and reproduction of all photos and video taken of my student for any purpose whatsoever, including, promotion and advertising of Next Generation Preschool, a ministries of South Side Church of the Nazarene, Muncie, Indiana.

Student's Name _____

Parent's Signature _____

Date _____