



United Faith Christian Preschool

8617 Providence Road, Charlotte, NC 28277

Phone: 704-541-1742 x203 Ext. 213 · Fax: 704-540-7926

Email: chick.efird@ufca.org

Physicians Statement/Immunization History

(Parent/Guardian to fill out.)

Child's Name: _____

Address: _____

(city) (state) (zip)

Telephone # _____

Parents/Guardian Names: _____

.....

(Physician's Office to fill out.)

Chart Number: _____ Date of last physical exam: ____/____/____

Summary and finding of last physical exam: _____

Immunization History:

1. Is this child current with immunizations? Yes - No

If no, please explain:

2. Please attach a copy of child's immunization record to this form.



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List any known allergies this child has. _____

Does this child have any known life-threatening allergies? _____

* If yes, please indicate allergen and emergency treatment: _____

*Note: If emergency medication is to be kept at the school, another form will need to be completed by the doctor before child may attend preschool.

Is there any reason this child should not participate in a typical preschool setting? _____

Doctor's Signature: _____ Date: ____/____/____

Doctor's Name Printed: _____

Address: _____

Telephone Number: _____