



East Richland Christian Schools

67888 Friends Church Road
St. Clairsville, OH 43950
Phone (740) 695-2005
Fax (740) 296-5219
ercs@comcast.net
www.eastrichland.org

HEALTH EVALUATION/PHYSICAL FORM

Statement to Physician:

_____ born on _____ is being
(Name of child) (Date of birth)
considered for enrollment in **East Richland Christian School's preschool program.**

The preschool provides programs which extend from 3 to 7 hours a day, 3 to 5 days a week for children 4 years of age and 3 to 7 hours a day, 2 days a week for children 3 years old. The daily activities include vigorous outdoor play as well as group play of up to 18 children.

Please provide us a report on the above-named child using the form below.

_____ Date _____
(Parent/Guardian Signature)

Physician's Report

The above-named child is is not (check one) physically and emotionally able to participate in the day care program described above. Comments:

Child's physical conditions requiring special attention in the day care facility:

Medication prescribed or special routines which should be included in the day care plan for the child's activities: _____

Any known allergies: _____

Does child have any obvious ocular abnormalities? _____

Does vision seem adequate in each eye? _____

Date of above child's most recent examination: _____

ATTACH A COPY OF CHILD'S CURRENT IMMUNIZATIONS

Physician's Signature _____ **Date** _____

Physician's Phone Number _____ **Physician's fax number** _____