

Grace Garden Preschool  
of Faith Bible Fellowship Church  
151 Donerville Road  
Lancaster, Pa 17603  
[gracegarden@faithbfc.com](mailto:gracegarden@faithbfc.com)



## Medical Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Gender: M / F Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

\*Please complete the above before physical examination.

Please indicate if your child has had or has the following:

Allergies: Yes / No Medications: \_\_\_\_\_

Allergies to any foods: \_\_\_\_\_

Allergies to any medications: \_\_\_\_\_

Allergies to any substance such as latex: \_\_\_\_\_

Asthma: Yes / No Medication: \_\_\_\_\_

Diabetes: Yes / No Medication: \_\_\_\_\_

Ear Infections: Yes / No Medication: \_\_\_\_\_

Ear Tubes: Yes / No Left / Right / Both

Pneumonia: Yes / No

Tonsillitis: Yes / No

To Be Filled Out By Physician

Height (inches): \_\_\_\_\_ Weight(lbs): \_\_\_\_\_ UA: \_\_\_\_\_ Lead: \_\_\_\_\_

Posture: Healthy Other

Nutrition: Healthy Other

Nose & Throat: Healthy Other

Eyes & Ears: Healthy Other

Tonsils & Glands: Healthy Other

Heart & Lungs: Healthy Other

Abdomen: Healthy Other

(Turn Over)

Continued information for:

Family health history of importance:

Injuries/Operations/Medical or Mental issues of concern:

Examiner's Signature:

Date:

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