



WAYPOINT PRESCHOOL HEALTH INFORMATION FORM

Mail completed form to:

Waypoint Preschool
6804 Farrington Road
Chapel Hill, NC 27517

Instructions:

- One form is required for each child attending. Forms as well as supplemental proof of vaccination must be submitted and received before attendance. Failure to submit this form in a timely fashion may jeopardize the child's ability to attend Waypoint Preschool.
- Following receipt and review of this form, Waypoint Preschool reserves the right to withdraw the child's enrollment spot or delay the child's attendance until compliance with the requirements of Waypoint's policy on health and immunizations is assured.
- In addition to preparing and submitting this form, the child's parent(s) is responsible for discussing any relevant health issues with preschool staff as well as providing training for use of any required medical equipment/supplies or emergency medication.
- For more information about Waypoint's policy on health and immunizations, see the Parent Handbook at <http://www.waypointpreschool.org>.

To Be Completed by Parent:

Child's Name: _____ Birthdate: _____

Parent's Name(s):

Address:

Parent's Email (s): _____

Parent's Phone(s):

Does your child have any known chronic medical problems (**circle one**)? YES NO

If Yes, please explain:

Does your child have any known allergies or sensitivities to medications, foods, or insects/animals (**circle one**)?

YES NO

If Yes, please explain:

Does your child have any physical, emotional, or developmental issues we should be aware of (**circle one**)?

YES NO

If Yes, please explain:

In case of emergency, if parents can't be reached, please name two persons, who reside locally, who could pick your child up at school and give temporary care if he/she becomes ill.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Other Medical Information:

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____ Insurance Company _____ Policy # _____

I understand that every effort will be made to contact me in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency, I hereby give permission to Waypoint Preschool to secure proper treatment for my child as named on this form.

If necessary, this includes selection of physician and closest appropriate medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child. I hereby release Waypoint Preschool from any responsibility other than normal supervision and care. In case of accident, I will not hold Waypoint Preschool, its staff members, management, or officers liable for securing such treatment.

Signature of Parent or Guardian _____ Date _____

To Be Completed by Physician's Office (Note - Form is not complete until signed by a physician):

Name: _____ DOB: _____

Date of Last Physical Examination: _____

Are there any medical needs that need to be addressed prior to enrollment in preschool?

YES NO

If YES, please explain:

Are there any medications that the school will need to have at school to ensure safety for this child?

YES NO

If YES, please explain or attach any directions for medical administration:

Do you have any additional concerns or reservations about this child participating in a preschool environment **(circle one)**?

YES NO

If YES, please explain:

Waypoint Preschool requires all students to be immunized and does not allow religious or philosophical exemptions. Is this child up-to-date with respect to immunizations as is required per NCGS § 130A-152 (circle one)?

YES NO

If NO, please explain which are missing and why:

* Please attach the child's current vaccination record.

Physician's Signature: _____ Date: _____

