

**OHIO DEPARTMENT OF EDUCATION**  
DIVISION OF EDUCATIONAL SERVICES  
EARLY CHILDHOOD EDUCATION SECTION

**CHILD'S MEDICAL STATEMENT**

This is to certify that I have examined (Child's name) \_\_\_\_\_  
on (date) \_\_\_\_\_ and have found that s/he:

- 1) \_\_\_\_\_ has had the Immunizations required by SECTION 331. 671 of  
The Ohio Revised Code for admission to school, or has had the Immunizations  
required by the Ohio Department of Health for Infants and Toddlers, or  
\_\_\_\_\_ is to be exempted from these requirements for medical or religious reasons.

IMMUNIZATION RECORD: Enter month/day/year of each immunization.

DTP: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_ 5\* \_\_\_\_\_

POLIO: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4\* \_\_\_\_\_

MMR\*\* 1 \_\_\_\_\_ HIB: 1 \_\_\_\_\_

\*\*If measles, mumps, rubella not given as MMR, give dates for each immunization:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

\*The 5th DTP and 4th polio should be administered just prior to preschool or school entrance.

- 2) \_\_\_\_\_ is free from apparent communicable disease and is in suitable condition to attend a  
preschool program, based on his/her medical history and physical condition at the time  
of this examination.

Physician's Signature

Physician Name (Print)

Address

City, State, Zip

Phone

Parent Name

Child's Birth date

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**CHILDS'S HEALTH INFORMATION FORM**

Rule 3301-37-05 of the Administrative Code requires preschool programs to secure health information from a child's parent no later than the first day of attendance unless otherwise indicated.

Name of Child (print or type) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies) \_\_\_\_\_  
\_\_\_\_\_

2. Medications (List all medications currently being administered to the child)  
\_\_\_\_\_  
\_\_\_\_\_

3. Chronic Physical Problems (List all chronic physical problems affect the child)  
\_\_\_\_\_  
\_\_\_\_\_

4. History of Hospitalizations (List dates of all hospitalizations of the child)  
\_\_\_\_\_  
\_\_\_\_\_

5. Diseases (List all diseases the child has had)  
\_\_\_\_\_  
\_\_\_\_\_

6. Immunizations (Enter month/day/year of each immunization)

DTP 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ \*5.  
\_\_\_\_\_

POLIO 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Measles, mumps, rubella-usually combined as MMR \_\_\_\_\_  
If separate, measles \_\_\_\_\_, mumps \_\_\_\_\_, rubella \_\_\_\_\_

\*The 5<sup>th</sup> DTP and the 4<sup>th</sup> polio should be administered just prior to preschool or school entrance.

Name of person completing this Form \_\_\_\_\_ Date  
\_\_\_\_\_

ST. MARY PRESCHOOL  
CHILD INFORMATION SHEET

CHILD'S FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CHILD'S FIRST NAME (to be used in school): \_\_\_\_\_

PARENT NAMES \_\_\_\_\_

1. HAS YOUR CHILD ATTENDED A PRESCHOOL PRIOR TO THIS ONE? \_\_\_\_\_ If so, what school? \_\_\_\_\_

2. HAS YOUR CHILD ATTENDED A LIBRARY STORY HOUR? \_\_\_\_\_

3. IS LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME? \_\_\_\_\_  
If so, please indicate the spoken language \_\_\_\_\_

4. DOES YOUR CHILD HAVE PLAYMATES HIS/HER OWN AGE? \_\_\_\_\_

5. DOES YOUR CHILD HAVE A HOBBY OR SOME SPECIAL INTEREST? \_\_\_\_  
If so, please indicate \_\_\_\_\_

6. DOES YOUR CHILD HAVE ANY PHYSICAL PROBLEMS?  
(For example, an allergy, hearing, speech, or vision problem )  
\_\_\_\_\_  
If so, please indicate \_\_\_\_\_

7. DOES YOUR CHILD HAVE ANY FEARS WE SHOULD BE AWARE OF? \_\_\_\_  
If so, what? \_\_\_\_\_

8. DOES YOUR CHILD HAVE AN OLDER BROTHER OR SISTER AT THIS SCHOOL? Please list their names/grades they are in \_\_\_\_\_

9. DO YOU HAVE AN OCCUPATION, HOBBY, OR PASTIME THAT YOU WOULD BE WILLING TO SHARE IN YOUR CHILD'S CLASSROOM? \_\_\_\_\_  
If so, please describe \_\_\_\_\_

10. DO YOU HAVE ANY EXPECTATIONS FOR YOUR CHILD'S ACTIVITIES OR PROGRESS IN PRESCHOOL THIS

YEAR? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMERGENCY TRANSPORTATION AUTHORIZATION**

Name of Child/Children*		Phone
Address		
Mother's (or Guardian's ) Name:	Address	Phone
Employer's Name	Address	Phone
Father's (or Guardian's) Name	Address	Phone
Employer's Name	Address	Phone

\*Names of additional children from the same family may be listed here when all other information on this form pertains to all children listed.

If not at home or work, give telephone number where parents can be reached:

Mother (or Guardian) \_\_\_\_\_ Father (or Guardian) \_\_\_\_\_

People to be contacted in the event of an emergency if the parent cannot be reached:

<u>Name:</u>	<u>Name:</u>
<u>Address</u>	<u>Address</u>
<u>City, State, Zip</u>	<u>City, State, Zip</u>
<u>Relationship to child</u>	<u>Relationship to child</u>
<u>Phone</u>	<u>Phone</u>

<u>Name of Physician or Clinic:</u>	<u>Name of Dentist or Clinic:</u>
<u>Address</u>	<u>Address</u>

<u>City, State, Zip</u>		<u>City, State, Zip</u>
<u>Relationship to child</u>	<u>Phone</u>	<u>Relationship to child</u>
<u>Phone</u>		

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**EMERGENCY TRANSPORTATION AUTHORIZATION (Page 2)**

Complete **either** Part I or Part II below. **Do not complete both!**

**PART I. PERMISSION TO TRANSPORT CHILD**

I give \_\_\_\_\_ my permission to transport my  
 (Name of Preschool Program)  
 child/children \_\_\_\_\_ to  
 (Name of Child/children)  
 \_\_\_\_\_ for emergency care or to  
 (Hospital/clinic)  
 \_\_\_\_\_ for emergency dental care,  
 ( Dentist/clinic)  
 or to the nearest available source of assistance.

Parent's Signature:

Date

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

**PART II. REFUSAL TO GRANT PERMISSION**

I do not give permission to \_\_\_\_\_  
 (Name of Preschool  
 Program)  
 to transport my child/children \_\_\_\_\_ for  
 (Name of  
 Child/children)

emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken:

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Parent's Signature:

Date:

ST. MARY PRESCHOOL  
AUTHORIZED PICKUP LIST

For your child's protection, please fill out the name of authorized person(s) (other than yourself) to bring or take your child from the Preschool. If you cannot do this now, do it at the start of school and **whenever any changes** are in order.

Please inform the authorized persons to be prepared to identify themselves to our staff (driver's license).

List parent other than one signing this form , if authorized to pick up.

NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

NAME \_\_\_\_\_ Relationship to child: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

In case of car pool arrangements, designate such on the line "relationship" or tell us here what the arrangements will be (please be specific as to days and names):

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Is there anyone that you do NOT wish to have your child released?:

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SIGNATURE: \_\_\_\_\_ DATE:

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**ST. MARY PRESCHOOL**  
**PRESCHOOL ROSTER**

The Preschool annually prepares a school roster which is available to parents or guardians of the children.

Please fill out the bottom section completely if you would like to be included on the roster.

We will NOT include the name, address, or phone number of anyone who does not wish to be listed on the roster. If you do NOT wish to be listed, sign and date the top section, leaving the fill-in information section at the bottom blank.



\_\_\_\_I do **NOT** wish to be listed on the Preschool Roster.

Child's name

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Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_



\_\_\_\_I **DO** wish to be listed on the Preschool Roster.

Child's name : \_\_\_\_\_

(last) (first)

Parent (s) First Name (s): \_\_\_\_\_

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

City and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**ST MARY PRESCHOOL  
IMPORTANT REMINDER TO PARENTS...**

Please be aware of the urgency  
to update the below contact telephone numbers  
throughout the school year as changes occur.

Not only is this a state requirement,  
but to the benefit of  
**YOUR** child's  
**EMERGENCY** care and well-being!

Thank you

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(Please PRINT)

Student's full name \_\_\_\_\_

**Emergency Contact Telephone Numbers: (include area codes)**

1) Father's daytime phone                      2) Mother's daytime phone  
 Name: \_\_\_\_\_ name: \_\_\_\_\_



Work: \_\_\_\_\_ work: \_\_\_\_\_  
Home: \_\_\_\_\_ home: \_\_\_\_\_  
Cell: \_\_\_\_\_ cell: \_\_\_\_\_

2) Babysitter name: \_\_\_\_\_ phone: \_\_\_\_\_

3) Carpooler's name: \_\_\_\_\_ phone : \_\_\_\_\_

4) Other daytime contact (relative or neighbor)

name: \_\_\_\_\_ relationship: \_\_\_\_\_

home: \_\_\_\_\_ cell: \_\_\_\_\_