



Preschool Student Medical Statement

LIBERTY CHRISTIAN ACADEMY

758 Corylus Drive, Pataskala, OH 43062
 5780 Reynoldsburg-Baltimore Road, Pickerington, OH 43147
 Phone 740-964-2211 Fax - 614-698-1887
 (select Option 2)

COMPLETED BY THE PARENT:

Student's Name (please print)	Date of Birth	Parent's Name (please print)
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List all allergies and any special precautions or treatment indicated for these allergies: _____

List any medications, food supplements, modifications to diet or fluoride supplements currently being administered to your child and the reason: _____

List any diseases your child has had during childhood: _____

List chronic physical problems and hospitalization history: _____

Name of Dentist _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

COMPLETED BY THE PHYSICIAN:

This is to certify that I have examined this child and have found that:

1. This child has had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the state Department of Health for infants and toddlers, or is to be exempted from these requirements for medical or religious reasons; or good cause (separate form required for exemption).
- 2. An immunization record is attached.**
3. Based upon medical history and physical condition at the time of this examination, this child is free from apparent communicable disease and is in suitable condition for participation in group care.

Physician's Name (please print)	Phone #
Street Address	
City, State, Zip Code	
Physician's Signature	Date of Exam