

CALVARY CHAPEL RIALTO PRESCHOOL ENROLLMENT CONTRACT

Physician's Report

Pastor Terry Hlebo	•	Grey shaded	d areas are for physician's ເ	use only. White areas are for parent use.					
CHILD'S MEDICAL CARE PROVIDER / FACILITY Primary Care Physician (PCP) Name			Practice / Clinic Name						
Primary Care Physician (PCP) Name			Practice / Clinic Name						
PCP Address				Phone					
		City:	Zip:						
Preferred Hospital / Clinic for Acute Care and	Emergency Care								
Health Insurance Provider	Policy Number		2 nd Health Insurance Provider	Policy Number					
PARENT'S CONSENT - For Rele	ease of Medical Infor	mation							
Childle	Full Name	, bor	n	, is being studied for readiness to enter					
				ease provide a report on the above-named					
child using the form below. I/we h	ereby authorize releas	se of medical inform	ation contained in this report to	the above named preschool.					
1 st Parent/Guardian Signature		Print Name		 Date					
r FarenivGuardian Signature		Fillit Name		Date					
2 nd Parent/Guardian Signature		Print Name		 Date					
PHYSICIANS' STATEMENT - PA	ART A								
PLEASE HAVE YOUR CHILD'S F	PHYSICIAN COMPLET	TE THE PHYSICIAN	I'S STATEMENT						
D th 2-1 10-/	a Part and Prairie	and discount to a second		0					
Does the child have any health/me	edical conditions that c	ouid result in an err	lergency at the preschool local	ion?					
Date of last who sized accommination									
Date of last physical examination									
Is the child free of any infectious of	or communicable disea	ses? 🗆 Yes 🗆 N	0						
If not, are there any infectious or o	communicable disease	s that would preclud	de enrollment into the preschoo	ol program?					
,									
Are this child's immunizations con	nolete and up to date?	⊓ Yes ⊓ No If	no, please explain						
			<u></u>						
Do you believe this child requires	any special modification	ons or accommodati	ons in order to be cared for an	d/or participate in the activities provided at the					
CCR Preschool setting as describ									
CCR Preschool is no	t a medical treatment f	acility. Medical serv	vices are not provided, and the	teachers are not medically trained.					
			,,	,					
CCR Preschool does	not provide one on or	ne care.							
				rriculum. In addition, CCR Preschool may					
provide periodic field	I trips to nearby parks	and places of intere	St.						
In accordance with in	dividual state child car	e licensing regulation	ons, the ratio in this classroom	is teacher for every					
children, and there w		children	in this classroom. The children	n in this classroom range in age from					
				A (/ABA) ''					
				s Act (ADA), its implementing regulations and to those with disabilities. We review each					
				child within the CCR Preschool setting.					

PHYSICIAN'S STATEMENT - PART B	- Problems of wh	ich we should b	e aware							
PHYSICIAN'S STATEMENT – PART B – Problems of which we should be Hearing			Developmental Developmental							
Vision			Language/Speech							
Dental			Asthma							
Allergies/Medicine			Insect Stings							
Other			Comments							
Medication Prescribed/Special Routines/Restr	iction for this Child									
IMMUNIZATION HISTORY – (Fill out or enclose California Immunization Record)										
Vaccine	1 st	2 ^{nc}	Da	te Each Dose Wa	as Give	/en 4 th 5 th				
POLIO (OPV or IPV)	-			3			Ü			
DTP/DTaP/ DT/Td										
MMR (Measles, Mumps & Rubella)										
HIB MENINGITIS										
HEPATITIS B					-					
VARICELLA (Chicken Pox) SCREENING OF TB RISK FACTORS										
□ Risk Factors not present; TB skin test not required. □ Risk Factors present; Mantoux TB skin test performed (unless previous positive skin test documented). □ Communicable TB Disease not present.						ormed (unless				
Physician's Name	Nam	ne of Practice or Clinic				Phone				
Address										
Address City:			Physician's Signature Zip:							
Physician's Comments/Explanations										