

**Zion Lutheran School Preschool Daycare**  
**Fax (303) 659-2342**  
**School (303) 659-3443**  
**GENERAL HEALTH APPRAISAL FORM**

**PARENT please complete AND SIGN**

<p><b>Child's Name:</b> _____ <b>Birthdate:</b> _____</p> <p><b>Allergies:</b> None or Describe _____ Type of Reaction _____</p> <p><input type="checkbox"/> <b>Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.</b></p> <p><b>I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (&amp; applicable attachments) to my child's school, child care or camp personnel.</b></p> <p><b>FAX #:</b> _____ <b>DATE:</b> _____</p> <p><b>Parent/Guardian Signature</b> _____</p>
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**HEALTH CARE PROVIDER: Please Complete After Parent Section Completed**

<p><b>Date of Last Health Appraisal:</b> _____ <b>Weight @ Exam:</b> _____</p> <p><b>Physical Exam:</b> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Specify any physical abnormalities) _____</p> <p><b>Allergies:</b> None <input type="checkbox"/> Describe <input type="checkbox"/> _____ Type of reaction _____</p> <p><b>Significant Health Concerns</b> (Circle any or all that apply): Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____</p> <p>Explain above concern (if necessary, include instructions to care providers): _____</p> <p><b>Current Medications/Special Diet:</b> None or Describe _____</p> <p style="text-align: center;">Separate medication authorization form is required for medications given in school, child care or camp.</p> <p><input type="checkbox"/> <b>See Attached Immunization Record</b></p>
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**Provider Signature**

<p>Next Well Visit: Per AAP guidelines or Age _____</p> <p>This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.</p> <p style="text-align: right;">_____ Signature of Health Care Provider (certifying form was reviewed)</p> <p style="text-align: right;">License # _____ Date: _____</p>	<p><b>Office Stamp</b> <b>Or write Name, Address, Phone,</b></p>
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The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

\*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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