



ST. PETER'S LUTHERAN
CHURCH & SCHOOL

Health and Immunization Record 2018-2019

7710 E. State Blvd. Fort Wayne, IN 46815
PHONE: 260-748-0775 FAX: 260-749-0472
preschool@stpetersfw.org

Name of child _____

Birth Date _____ Sex _____

Address _____

Parents or Guardian _____

Current Medications: (list name, dosage, and time) _____

Allergies _____

Special instructions regarding health/ physical ability of this child _____

Is this child capable of participating in a full preschool program? _____yes _____ no (please explain)

Physician's printed name or stamp

Physician's Signature

Date

****PLEASE ATTACH A COPY OF THE CHILD'S FULL
IMMUNIZATION RECORD TO THIS FORM****

This completed and signed form needs to be returned to St. Peter's Lutheran Preschool before your child may attend school.