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A Child's Garden Preschool

Child Health Information Record

Form B: Physician to Complete Information

The information on this page is required to be on record for all children attending ACG in order to comply with NAEYC Accreditation Standards

Child's Name: _____

Child's Birth Date: _____

Date of most recent well child check _____

**Please attach a copy of most current immunization record.
If record is not current, please explain below.**

What, if any, significant health problems has this child had in the past? _____

Does this child have any of the following: (if yes, please describe)

- Allergies Yes No
- Abnormal result on a hearing test Yes No
- Abnormal result on a vision test Yes No
- Recurring chronic illness/health problems Yes No
- Disabilities (such as cerebral palsy, seizure disorder, developmental delay) Yes No

If you answered "yes," to any of the above, please explain and provide any follow-up measures or appointments: _____

What medications does this child take regularly? _____

If this child has any special health care or food needs, please describe the individualized care plan or any special instructions: _____

Signature of Physician

Date