



Last edited 1/2018

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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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: Print Name Signature Date