Winter Park Presbyterian Preschool Personal & Health Information Form

Child's Full Name (nickname or preferred first name):
Teacher/Class
1. FAMILY DYNAMICS
Siblings – names and ages
Single parent home? if so, which parent does the child live with?
In an atmosphere of peace there is celebration of diversity and respect for individuality. Please describe cultural, ethnic, religious, or other facets of your child's life you would like to share with us.
2. PERSONAL INFORMATION
Terms child uses for toileting
What comforts your child when distressed?
Language(s) spoken at home
3. HEALTH INFORMATION Chronic Illnesses and/or Medical Concerns and Accommodations Needed (Attach Emergency Care Plan):
Diagnosis
Physical Concerns (balance, coordination, orthopedic, etc.)
Diagnosis
Vision, Hearing or Speech Concerns
Behavioral Concerns (fears, aggression, hyperactivity, etc.)
Diagnosis
Is there anything else about your child's medical history or emotional development that we need to know?
PLEASE NOTE: Children with chronic illnesses such as diabetes or asthma, or those children with unusual medic circumstances or conditions, MUST have an Emergency Care Plan on file from their physician in accordance wi FLDCF Handbook Section 2.5.3. Additionally, training by a medical professional should be arranged for staff necessary depending upon the situation and FLDCF requirements. Such training is also required for the administration of medication not typically prescribed for children. All prescription and non-prescription medication that are be given during preschool hours require written authorization from your child's doctor, as well as a Authorization for Medication Form, and must be in their original container. Please see our Health Guidelines she for additional information.
Signature of Parent/Guardian Print Name
Date

Parents: Please fill out <u>BOTH SIDES</u> and return this form and any additional required forms or documentation <u>before</u> your child's first day of attendance.