

***PHYSICIANS:** Please fill out this form *COMPLETELY* and *LEGIBLY*

Child's Name _____ D.O.B. _____

Physician's Name _____ Phone # _____

Surgeries, accidents, illnesses, allergies, chronic or disabling problems: _____

If so, what interventions are being taken? (medications, restrictions, precautions, etc): _____

Physical findings at this examination: _____

Special recommendations for child care personnel: _____

What immunizations were given today? _____

Any other important information: _____

PARENTS/GUARDIANS & PHYSICIANS: For over-the-counter medication, written permission must be given by a parent/guardian **AND** a licensed health care provider. Permission must include: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, licensed health care provider's name, and parent and physician's signature. Acorn can provide forms if needed.

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

***PARENTS:** Please make sure this entire form is complete and legible before you leave your physician's office or the form will be returned to you to be completed by your physician. Thank you.