

**\*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.