

Weddington United Methodist Church
Part Day Preschool Association- Union/ Mecklenburg
Mother's Morning Out

Program Name: Mother's Morning Out Fax: 704-849-7627 Phone: 704-814-1316

Parent Complete:

Name of Child _____ Gender ____ Birthdate _____

Name of Parent or Guardian _____

Address _____

Is child allergic to anything: Yes __ No __ if yes, what? _____

Epi-Pen needed Yes __ No __

Where are the allergic reactions? _____

Please list any medical or behavioral conditions about which we should be aware of:

Is child on any continuous medications: Yes __ No __, if Yes, what? _____

Is child receiving speech, physical, occupational, or other therapy? Yes __ No __

If Yes, please share the objectives of the therapy _____

Child's Physician/Practice Name: _____

Physician Phone number: _____

Signature of Parent or Guardian _____ Date _____

Physician Complete:

This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the NC or SC Board of Medical Examiners (or comparable board), a certified nurse practitioner, or a public health nurse.

Are immunizations current: Yes __ No __ if no, please explain _____

PLEASE ATTACH A COPY OF IMMUNIZATION RECORD FOR THIS CHILD

Children in preschool programs have opportunity to participate in both active and quiet, group and individual activities. Should any activities be limited?

Yes __ No __ If yes, please explain _____

Developmental Evaluation: Delayed ____ Age appropriate ____

If Delay, note significance and special care needs _____

Any other recommendations: _____

Date of last examination _____

Physician/examiner Signature _____ Date _____

Name _____ Phone _____

Address _____