

# KidsFirst Student Health Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Known Allergies \_\_\_\_\_

Regular Medications \_\_\_\_\_

Other remarks regarding the physical condition of the child:

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**Please attach required, up to date immunization certificate.**

**This is to certify that I have examined the above child and found his or her physical condition suitable for normal group play and preschool activity.**

\_\_\_\_\_  
Examining Physician/Provider

\_\_\_\_\_  
Date