

**First United Methodist Church of Forney
PARENTS DAY OUT and PRESCHOOL
2011—2012 PHYSICAL EXAM FORM**

(to be completed & signed by a PHYSICIAN)

Name of patient _____ Height _____ Weight _____

Dates of Immunizations (ALL MUST BE CURRENT)

Inactive Polio _____ IPV _____ IPV _____ IPV _____
DTaP _____ DTaP _____ DTaP _____ DTaP _____ DTaP _____
MMR _____ MMR _____
PCV _____ PCV _____ PCV _____ PCV _____ PCV _____
Varicella (Chicken pox vaccine) _____ Optional Hepatitis A _____
Hib _____ Hib _____ Hib _____ Hib _____
Hepatitis B #1 _____ Hep B #2 _____ Hep B #3 _____

DOCTOR'S STATEMENT: I have examined the above named child within the PAST YEAR and find that he/she is physically able to take part in the PDO program.

Physician's Signature _____ Date _____
Physician's stamp or printed name _____
Physician's office address and telephone number _____

(to be completed and signed by PARENT)

Please let us know if your child has special problems or special care needs such as:
Allergies, drug or otherwise _____
Existing illness, previous serious illness & injury _____
Hospitalizations during the past 12 months _____
Medications prescribed for continuous, long-term use _____
Childhood illness _____
Physical handicap or speech impediment _____
Emotional problems or other information that you feel would help the teach understand you child _____

Parent' Signature _____ Date _____

PARENT PARTICIPATION: Please indicate your areas of interest.

- I would be willing to:
- _____ 1. Serve as a room parent.
 - _____ 2. Serve on Parents Board.
 - _____ 3. Send items for class parties.
 - _____ 4. Pray daily for the staff and children.

Release of Child

I authorize that my child, _____, be released by First Methodist Forney PDO and Preschool to the following persons,.

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Mobile Phone _____

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Mobile Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I give my permission for:

First Methodist Forney PDO & Preschool director Amy Madrid

To take my child:

Name of child:

To:

Name of Doctor:

Telephone No.

Address of Doctor:

Or To:

Name of Hospital or Clinic:

Telephone No.

Address of hospital or Clinic:

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Signature-Parent or Legal Guardian

Date

WATER ACTIVITIES

I hereby ___give or ___do not give my consent for my child to participate in Water Activities:

___ sprinkler play

___ splashing/wading pools

___ water table play

PHOTOGRAPHY RELEASE

I CONSENT TO ALLOW First Methodist Forney PDO & Preschool staff to photograph my child and display photographs of my child:

- In the classroom , in the school hallways;
- On the church's web site on the internet. I understand that FMF PDO & Preschool staff will **not identify children by name** in photographs on the internet.

Signature of Parent of Guardian _____

Date _____