



**St. Michael Preschool**  
**804 High House Road**  
**Cary, North Carolina 27513**  
**Phone 919-468-6110 Fax 919-468-6130**  
[www.stmichaelpreschool.com](http://www.stmichaelpreschool.com)    [preschool@stm Cary.org](mailto:preschool@stm Cary.org)

## Health and Immunization Form

This form must be signed by the child's physician and returned to the preschool office before the child is permitted to attend school.

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Date of Last Exam:** \_\_\_\_\_

**Health History and Medical Information:** Please include any medical information that is important to safeguard this child's health during normal preschool activities or in a medical emergency.

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**Allergies**  None      **Medications** (daily and emergency)  None

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**Health Restrictions** (include food restrictions)  None      **Special Health Needs**  None

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**Immunizations:**

Vaccine	Date	Date	Date	Date	Date
DPT/DTap	#1	#2	#3	#4	#5
IPV/Polio	#1	#2	#3	#4	
HIB	#1	#2	#3	#4	
PCV	#1	#2	#3	#4	
MMR	#1	#2			
Hep B	#1	#2	#3		
Varicella	#1	#2			

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Ph #:** \_\_\_\_\_

\*Please attach any patient Emergency Action Plans or detailed medical history as needed.