

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_  
Address of Parent of Guardian \_\_\_\_\_

## A. Medical History (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what?
2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason?
3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what?
4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what?
5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ;  
diabetes No \_\_\_ Yes \_\_\_ ; convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ .  
If others, what/when?
6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe:  
Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe:

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %  
Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_  
Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_  
Ext \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_  
Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_  
Normal \_\_\_ Abnormal \_\_\_\_\_  
Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain:

\_\_\_\_\_  
Any other recommendations: \_\_\_\_\_ Date of

\_\_\_\_\_  
Examination \_\_\_\_\_  
Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_

**Kehillah Jewish Preschool  
Emergency Contact/Communication Form  
2011-2012**

Child's Last Name \_\_\_\_\_, Child's First Name \_\_\_\_\_

1st Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

2nd Parent's Name \_\_\_\_\_

Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Who has permission (other than parents) to pick up your child/ren?

Name \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Name \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Name \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Information will be sent to parents via email or regular mail. If you have more than one email account or street address, where do you want information sent?

Email sent to: 1st parent \_\_\_\_\_ 2nd parent \_\_\_\_\_ Both \_\_\_\_\_

Regular mail sent to: 1st parent \_\_\_\_\_ 2nd parent \_\_\_\_\_ Both \_\_\_\_\_

**Emergency Information:** In case of minor illness or injury of my child/ren at school, I give the school staff permission to give basic first aid to my child. In case of major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child's physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child. I also give the school permission to authorize ambulance transportation to the hospital if I am unable to do so.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please continue on the back.**

**Emergency Contacts (other than parents)**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Medical Information**

**Please submit along with this form the most recent immunization record for you child and children's medical report signed by your pediatrician. Immunization records need to be within the past calendar year of the first day of school.**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Preferable Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

1. Please list any diagnosed medical/mental health conditions \_\_\_\_\_  
\_\_\_\_\_

2. Please list any allergies your child may have \_\_\_\_\_  
\_\_\_\_\_

3. We are unable to dispense medications to any child in the preschool. It is important for emergency purposes that we know which medications your child takes on a daily basis. Please list any medications.  
\_\_\_\_\_

4. We want to provide an appropriate learning environment for all our students, and we are committed to working with you for the benefit of your child and his/her Jewish education. Please offer any information about your child that might affect classroom learning or behavior (i.e. ADHD).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Participation  
2011-2012**

There are 3 components to having a successful, secure, well rounded preschool: child interest and engagement; well trained and devoted teachers; and interested and participatory parents. The mission of KJP reflects this point. Therefore, parental involvement is vital to the success of the preschool and the children attending. Children feel pride and valued when they can express things such as "My dad is coming to read a story today!" or "I helped my mom make the play dough this week." This is the aim of our parent involvement requirement.

To facilitate parent participation, each month your child's teacher will either post a sign up sheet outside the classroom door or send an email to families. Parents are asked to sign up for a volunteer opportunity each month. Some sample assignments are listed below:

- Art Projects in the classroom
- Assisting with fund raising events/projects
- Storytelling in the classroom
- Setting up/Cleaning up Holiday Events:
  - Shabbat (weekly)
  - Rosh Hashanah
  - Chanukah
  - Tu B'Shvat
  - Purim
  - Passover
  - Yom Ha'Atzmaut
  - Lag B'Omer
  - End of Year Celebration
- Coordinating Scholastic Book orders
- Cutting out classroom materials
- KJP Library or pick up of thematic books from CH Public Library
- Purchasing wish list items
- Making play dough and modeling clay
- Washing classroom toys
- Room parent
- KJP Advisory Committee membership with assigned responsibilities

**Your signature is required below.**

I \_\_\_\_\_ understand that during the school year, I will need to:  
Print parents name

1. Sign up for at least one volunteer opportunity per month and;
2. Participate in 1 school work days scheduled during the academic calendar year as assigned by the director.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Permission and Agreement Form  
2011-2012**

**Parent's Name** \_\_\_\_\_  
Print

**Child's Name** \_\_\_\_\_

**Late Pick-up:** I recognize that no staff members are scheduled to stay after Preschool School ends. In order to reimburse staff for supervising children who are picked up late, I understand that if I arrive between 5 and 10 minutes late, I will be charged \$10. For each additional 10 minutes (or part thereof), I will be charged another \$10. Also, after my first late pick-up, I will be assessed an additional \$25 fee. For every late pick-up thereafter, I will be assessed \$25 more than the previous fee.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photographs:** The Kehillah Jewish Preschool may photograph my child/ren during school hours and post the pictures in the synagogue, preschool website and on bulletin boards used at local events. (If you do not give permission for photographs to be taken, please mark an "X" through this section and do not sign).

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Address and Telephone Numbers:** The Kehillah Jewish Preschool may distribute your child's name, address, phone number and email address to other parents in the Kehillah Jewish Preschool, staff of preschool and synagogue staff through a class list.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Substance Abuse:** I understand that no smoking, alcohol or drugs other than those prescribed by a licensed physician will be permitted on the grounds of the preschool or on field trips.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Inappropriate Behavior:** The Kehillah Jewish Preschool aims to provide a comfortable and safe space for all students and staff. I will review the behavior policies as outlined in the Kehillah Jewish Preschool Handbook. I understand that if my child exhibits continuous aggressive or inappropriate behavior, the teacher and/or director will set up a meeting with me. If this behavior continues, my child may be asked to leave the Kehillah Jewish Preschool program. In cases of a child leaving the school due to inappropriate behavior, there will be no tuition reimbursement.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_