

**ST. LUKE'S DAY SCHOOL
MEDICAL INFORMATION UPDATE**

St. Luke's Day School is expected to ensure that all enrolled students have annual check ups. Please obtain a doctor's signature, date of well check, and attach an updated copy of immunizations.

Child's Name _____ Birth Date _____ Gender _____

Doctor's Name _____ Phone _____

Please check any of the following special problems this child may have/have had:

- | | |
|---|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> injuries during the past 12 months |
| <input type="checkbox"/> existing illness | <input type="checkbox"/> medication prescribed for long-term use |
| <input type="checkbox"/> previous serious illness | <input type="checkbox"/> hospitalizations during past 12 months |
| | <input type="checkbox"/> other info of which the school staff should be aware |

If any of the above are checked, please explain: _____

I have examined the above named child on _____ (**date of last well check**) and found that he/she is physically able to take part in the Day School program.

Physician's Signature

Date