



A L A Y A P R E S C H O O L  
3340 Nineteenth Street · Boulder, Colorado 80304 · 303-449-5248

## **PHYSICIAN EXAMINATION FORM**

Attending Physician:

In order for our school to meet the State Licensing Requirements, please promptly complete, sign and return this form to Alaya Preschool. **Fax #303-444-4737**

Thank you for your cooperation.

**NAME OF CHILD** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**PARENT (GUARDIAN/S) NAME/S** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**IS THIS CHILD IN GOOD HEALTH?**

\_\_\_\_\_

**IS THIS CHILD FREE OF CONTAGIOUS DISEASE?**

\_\_\_\_\_

**ARE IMMUNIZATIONS UP TO DATE?**

\_\_\_\_\_

**SURGERY, ACCIDENTS, ILLNESSES, CHRONIC OR HANDICAPPING PROBLEMS?** (Please list and explain). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I know of no reason which would prevent the above-named child from full participation in Alaya Preschool.

**DOCTOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parents:** State regulations do not permit us to dispense any medication to your child unless prescribed in writing by a person with legal prescriptive authority ( a physician, dentist, podiatrist, some nurse practitioners or a physician's assistant who has directions of a physician) along with written permission from the parent. This includes any over-the-counter drugs as well. Medication administration forms are available at Alaya or may be downloaded from our website.