Canton City Schools Early Childhood MEDICAL STATEMENT

Child's Last Name	First	Birth Date	Age
Address		Zip	Phone
Parent/Guardian		School	
** Parental Consent for release of this medical statement I, the legal guardian, authorize the release of this medical statement to Canton City Schools Early Childhood program.			
х			
Signature of Parent or Guardian		Date signed	
REQUIRED Physical Assessme	ent: WNL	Yes _	No
Height Weight Blood Pressure	* Lead _ * Hemat	ocrit or Hemoglobin	_
ALLERGIES/INCLUDE FOOD NKA: Yes	No Tre	eatment:	
List any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child.			
Please note if any follow up is required			* Required by ODE
Screenings: WNL	F	ollow up required	
Vision (Beginning at age 3) Hearing (Beginning at age 3) Speech			
Immunizations: Please include month, day, and year. * Indicates required for public pre-school. DPT #1* #2* #3* #4* #5 OPV/IPV #1* OPV/IPV #2* OPV/IPV #3* OPV/IPV #4			
(Pleas	e circle type of pol	io given)	
MMR #1 ★ #2	VZV	/ #1 VZ	V #2
HIB #1 ★ #2 # Only one HIB required if given after 15 mo	±3	#4	
Only one HIB required if given after 15 mo	nths of age.	Please indicate if 4 th HIB is	s not required.
PREVNAR #1 ★ #2 HEP B #1★ #2★ #	#3 3★	#4 HEP A #1	#2
TB last given Si			
THIS STATEMENT AFFIRMS THAT THE ABOVE NAMED CHILD IS IN SUITABLE CONDITION FOR ENROLLMENT IN A PRE-KINDERGARTEN PROGRAM.			
Physician's Signature		Date	
Physician's Name (please print)			
Physician's Address			
City, State, Zip		Phone:	

** PARENTS must fill in top portion of form including signature & date signed.

MEDICAL/DENTAL FORMS CHECKLIST

Before taking the medical and dental forms to the doctor, please <u>complete</u> the top portion of the form.

Make sure you sign the forms where it says: "Parent/Guardian signature."

____ Take forms with you to the doctor and dentist.

Make sure the doctor or dentist fills out
EVERY LINE, <u>SIGNS</u>, AND <u>DATES FORM</u>
(or the form will be returned to you for completion.)

****** Registration is <u>NOT</u> Complete until Medical and Dental forms are returned to the Registration Office

Drop off completed forms at: OR Early Childhood Registration Office Souers Building 2800 – 13th Street, SW Canton, Ohio 44710 Telephone: 330-580-3033 Fax: 330-580-3008 Mail completed forms to: Early Childhood Registration Office CCS Business Service Center 1312 Fifth ST, SW Canton, OH 44707