



**SLATE VALLEY UNIFIED UNION SCHOOL DISTRICT**

33 Mechanic Street, Fair Haven, VT 05743

Tel: 802.265.4905

Fax: 802.265.2158

slatevalleyunified.org

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**Universal Pre-K  
CHILD CARE GENERAL HEALTH EXAMINATION FORM**

**Note:** *This form will be used as required documentation of a child's general health exam. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in preschool are also acceptable.*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last **WELL CHILD EXAM**: \_\_\_\_\_

\_\_\_ This child has no health conditions or medications that impact enrollment in child care.

\_\_\_ This child has a condition or medication that should be known by the child care provider, please explain:

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

Health Care Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give permission for Slate Valley Unified Union School District to communicate, send, or received information, including but not limited to records, pertaining to this student with: \_\_\_\_\_  
Name of Health Care Provider / Facility

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date