



**Elizabeth Schools Early Childhood Programs**  
**2021-2022 Preschool Options**  
**Running Creek Elementary**  
**Singing Hills Elementary**

<p><b>AM Half Day Preschool</b>          Running Creek - Monday thru Thursday 8:15AM-11:15AM          Singing Hills - Monday thru Thursday 8:00AM-11:00AM</p> <p><b>\$300 a month</b></p>
<p><b>PM Half Day Preschool</b>          Running Creek - Monday thru Thursday 12:15PM-3:15PM          Singing Hills - Monday thru Thursday 12:00PM-3:00PM</p> <p><b>\$300 a month</b></p>
<p><b>Full Day Preschool</b>          Running Creek - Monday thru Friday 8:15AM-3:15PM          Singing Hills - Monday thru Friday 8:00AM-3:00PM</p> <p><b>\$600 a month</b></p>
<p>Running Creek Before Child Care 7:00 AM-8:15AM \$11 per day          After Child Care 3:15PM-6:00PM \$13 per day          *Late fee - \$10.00</p> <p>Singing Hills Before Child Care 6:30AM-8:00AM \$11 per day          After Child Care 3:00PM-6:00PM \$13 per day          *Late fee - \$10.00</p>

\* Children must be 3 years of age by October 1<sup>st</sup> 2021 to enroll in Preschool

**Running Creek 303-646-4620      Singing Hills 303-646-1858**

*\*Tuition assistance available to those families who qualify.  
 Please check with the school office when you turn in registration paperwork.*

# Elizabeth Schools Early Childhood Programs Preschool Registration Checklist

**Please keep the Parent Handbook for future reference**

Student Name: \_\_\_\_\_ Returning \_\_\_\_\_ New \_\_\_\_\_

## The following forms to be completed and returned:

- \_\_\_ Class Choices
- \_\_\_ Elizabeth Schools Early Childhood Programs Registration Form
- \_\_\_ Emergency Information
- \_\_\_ Individuals Authorized to Pick up my Child
- \_\_\_ District Data Collection Sheet
- \_\_\_ Completed Parent Enrollment, Permission and Release Agreement
- \_\_\_ Permission for Photographs, Video, Audio, and Electronic Images, Insurance Waiver, and Permission for Sunscreen/Lotion
- \_\_\_ Completed Waiver and Release of Liability
- \_\_\_ **Copy of your child's birth certificate**
- \_\_\_ Student Health Information
- \_\_\_ General Health Appraisal Form signed by child's Health Care Provider
- \_\_\_ Official Immunization records
- \_\_\_ Ages and Stages Form
- \_\_\_ Elizabeth School District Colorado Preschool Program (CPP) Intake Form (Dist. File \_\_\_)  
Optional Form used to determine if your child qualifies for Tuition assistance through CPP
- \_\_\_ Economic Data Survey  
This form will be provided to you, as soon as it becomes available, if you complete the CPP Intake Form

Both the CPP Intake Form and the Economic Data Survey must be on file if seeking Tuition Assistance.

**Children will not be placed into the program until all of the above items are complete**

For office only: Entered into IC___
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## Class Choices for the 2021-2022 School Year

These class choices are subject to change due to the needs of the children being served. You will be notified of your final class placement by mail over summer break.

Please mark two choices (1 and 2) in order of preference.

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

Program Location (please check one)

Running Creek Preschool located in Running Creek Elementary School

Singing Hills Preschool located at Singing Hills Elementary School

\_\_\_\_\_ Monday thru Thursday (\$300)  
8:15am-11:15am (RCE)  
8:00am-11:00am (SHE)

\_\_\_\_\_ Monday thru Thursday (\$300)  
12:15pm-3:15pm (RCE)  
12:00pm-3:00pm (SHE)

\_\_\_\_\_ Full Day Preschool (\$600)  
8:15am-3:15pm (RCE)  
8:00am-3:00pm (SHE)

\_\_\_\_\_ Put an X if you intend to use Before Care-(\$11.00) 7:00am-8:15am (RCE)  
and/or After Care-(\$13.00) 3:15pm-6:00pm (RCE) Late fee – (\$10.00)

\_\_\_\_\_ Put an X if you intend to use Before Care-(\$11.00) 6:30am-8:00am (SHE)  
and/or After Care-(\$13.00) 3:00pm-6:00pm (SHE) Late fee – (\$10.00)

Special considerations such as car pools, or school schedule of sibling(s), work schedule etc.

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**Elizabeth Schools Early Childhood Programs Registration Form**

**Please complete BOTH sides of this form.**

*Any applicant who knowingly or willfully makes a false statement of any material fact of thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.*

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

Last

First

Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ email address \_\_\_\_\_

Ethnicity \_\_\_\_\_

(American Indian/Alaskan, Asian/Pacific Islander, Black, Hispanic, White, Pacific Islander)

Known Allergies \_\_\_\_\_

Known Medical Concerns \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mother

Father

Street Address \_\_\_\_\_

Subdivision \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother's Home # \_\_\_\_\_

Mother's Work # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

Father's Home # \_\_\_\_\_

Father's Work # \_\_\_\_\_

Father's Cell # \_\_\_\_\_

Student Lives With: \_\_\_\_\_ Both Parents

\_\_\_\_\_ Mother Only

\_\_\_\_\_ Father Only

\_\_\_\_\_ Foster Parents

\_\_\_\_\_ Guardian(s)

\_\_\_\_\_ Other \_\_\_\_\_

Mother's Place of Employment:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Father's Place of Employment:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**Name of Brothers/Sisters Attending Elizabeth Schools**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Name of Younger Siblings**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Emergency Information

*In the event of illness or injury when parents cannot be reached, please list the names of people who are authorized to pick your child up from school. Students will not be released to anyone who is not specified on this form.*

Name

Address

Relationship

Phone Number

Name of Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Should an emergency arise, it is understood that a reasonable effort will be made, time and conditions permitting, to locate the undersigned parent(s) and emergency contact(s) before any action will be taken. If, however, it is not possible to locate either parent or the emergency contact(s), by signing below, I, the undersigned, do hereby give my consent and authorize officials of Elizabeth School District to contact directly or indirectly the persons named on the Registration, to seek emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider should my child's condition require it in my absence or to otherwise render treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this Registration cannot be contacted, I authorize any school officials to take whatever actions are deemed necessary in their judgment for the health and safety of the child. Unless stated otherwise, I impose no specific prohibitions regarding treatment. I will not hold the District financially or legally responsible for the emergency care and/or transportation for my child.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

**Program your child will be attending:**

Running Creek Preschool \_\_\_\_\_

Singing Hills Preschool \_\_\_\_\_

## Individuals Authorized To Pick Up My Child

In accordance with the state licensing procedures, we must have on file the names, addresses and telephone numbers of the individuals permitted to pick up your child from school. If someone arrives to pick up your child and their name is not in our file we CAN NOT allow your child to leave with him/her.

Please list below the names, addresses and phone numbers of adults permitted to pick up your child from school. (NOTE: Children will not be released to anyone under 16 years of age.)

\_\_\_\_\_ may be picked up from school by the following adults.

Name of child

Name: \_\_\_\_\_

\_\_\_\_\_

Address

Phone Number

Name: \_\_\_\_\_

\_\_\_\_\_

Address

Phone Number

Name: \_\_\_\_\_

\_\_\_\_\_

Address

Phone Number

Name: \_\_\_\_\_

\_\_\_\_\_

Address

Phone Number

I understand that if a person comes to pick up my child and their name is not on the list, then my child cannot be released from school.

I understand that the person will be asked to show I.D. if the teacher does not know the person.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

## District Data Collection Sheet

The Elizabeth School District requires each child to have a separate intake form for district wide data collection.

Please complete this form with your Preschool Registration Packet.

**Please print your child's full name as it appears on your child's birth certificate. Please include a copy of your child's birth certificate as well.**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Full Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender { } Male { } Female

Ethnicity \_\_\_\_\_

American Indian/ Alaskan, Asian/Pacific Islander, Black, Hispanic, White, Pacific Islander

Grade \_\_\_\_\_ (Preschool or PreK)

**Pre-K means children who will be eligible for Kindergarten next year.**

**(5 by October 1<sup>st</sup> 2021) It does not matter what classroom they are in, they just want to know if your child could attend Kindergarten next year.**

Is your child covered by health insurance? \_\_\_\_\_ yes \_\_\_\_\_ no

Is your child covered by Medicaid? \_\_\_\_\_ yes \_\_\_\_\_ no

Has your child ever been on an IFSP? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, did your child move on to an IEP? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you a residence of the Elizabeth School district? \_\_\_\_\_ yes \_\_\_\_\_ no

If no, what is your district of residence? \_\_\_\_\_

**For office use only:**

Date of Enrollment: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Typ. \_\_\_\_\_ Sped \_\_\_\_\_ CPP \_\_\_\_\_ CCAP \_\_\_\_\_

# Parent Enrollment, Permission and Release Agreement

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

Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

In consideration of the Elizabeth School District ("District") accepting the enrollment of my/our son/daughter ("Child") for the District's preschool or child care program offered by the District, the undersigned, as the parent(s) or legal guardian(s) of the above named Child, understands, agrees to and/or acknowledges the following:

1. Walking Field Trips. Walking field trips are a part of the preschool program activities. The walking trip/activity will take place away from District property, such as to the parks, library, fire station or nature walks, and may involve activities beyond the scope of traditional school functions conducted on District property. I hereby give permission to allow my Child to participate in these walking school field trip/activities.

2. Video Permission. I hereby give my permission for my Child to view educational videos as part of the preschool curriculum.

3. Drop-off: I agree not to leave my Child at the District preschool facility unless a District staff member or volunteer is there to receive and supervise my Child.

4. Pick-up: Should a person arrive to pick up my Child and that person appears to be under the influence of drugs or alcohol, for the Child's safety, preschool or child care program staff may refuse to release the Child into this person's custody and may involve law enforcement to the extent it is deemed necessary.

5. Pick-up Late Fee: I acknowledge that I will be charged a late fee in the amount of \$10 for every 15 minutes (or portion thereof) that I am late in picking up my Child. My Child will not be allowed to return to the program until I have paid all pick-up late fees incurred.

6. Tuition. I acknowledge that the tuition for the program per child is as set forth in the Parent Handbook, which may be revised from time to time in the District's sole discretion.

## 7. Payment Terms.

a. Tuition is based on year-round enrollment and shall be paid in nine (9) equal payments, commencing September through May. The first tuition payment is due the first day of preschool. Tuition is due every day that the preschool program is open and my Child is enrolled for that day, regardless of whether my Child attends. I will not be credited or refunded for any day my Child does not attend the preschool program, including absences due to my Child's illness or vacation; school closures such as inservices and national holidays; or inclement weather days, resulting in delayed openings and early closings. Tuition is due and shall be paid on the first day of each month in advance of the month for which the Child will attend the preschool program. Tuition may be paid by check, money order or cash. Singing Hills Elementary parents can write checks out to "SHE." Running Creek Elementary parents can write checks out to "RCE." My Child's name and my driver's license number should be indicated on the memo line of my check. I may report my driver's license number to the Early Childhood Office to be kept on file. The District will not accept out of state checks.

b. Late Payments. Tuition is due the first preschool day of every month. If a payment for the preschool program is not received when due, the District may charge me a \$25.00 late fee per fee that is not paid timely. I acknowledge that if I am found to be in violation of these payment terms for two consecutive months, then the District may terminate my Child's enrollment in the Preschool Program and/or deny my Child's enrollment in the preschool program in future program years. The District in its sole discretion may reinstate a Child to the preschool program(s) in which he/she is enrolled upon the payment of all outstanding tuition and fees.

e. Insufficient Funds. If a check is returned for insufficient funds, I will be charged an additional \$25.00 administrative fee. Upon receipt of notice of insufficient funds, I agree to promptly make payment of the tuition then past due, including all additional fees pursuant to this Paragraph 8(c) and any late payment fees. If a second check for insufficient funds is received, the program may require that I/we make all future payments with cash or money order only.

f. Non-payment. I acknowledge that if any amount is past due, the District can suspend my Child's enrollment until the unpaid balance is paid in full. In its sole discretion, the District may instead terminate my Child's enrollment in accordance with Paragraph 9 of this Agreement for my failure to pay tuition. The District also may deny my Child enrollment in the program in future program years for my/our persistent failure to pay tuition timely. In the event of non-payment where the District must employ attorneys for the collection of tuition and other applicable fees, then I agree that, unless a court of competent jurisdiction orders otherwise, I



will, on demand therefore, reimburse the District the reasonable fee of such attorneys incurred as well as any fees and costs incurred to collect amounts due under to this Agreement.

g. Discretionary Fee Waiver. If a lengthy illness should occur or family circumstances indicate that my Child will not need care for an extended period of time, please speak to the preschool program supervisor as to whether appropriate arrangements can be made.

8. Child Protection. I acknowledge that district personnel are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

9. District Policies. I acknowledge that I have reviewed a copy of the Parent Handbook and will comply with the policies set forth therein (a copy of the handbook is available on the District's website).

10. Conflicts. District staff and volunteers are not permitted to babysit or transport children at any time outside of the District's preschool program.

11. Termination. District, in its sole discretion, may terminate my Child's enrollment for any of the following reasons:

- a. Incomplete enrollment file, such as incomplete or inaccurate emergency names and phone numbers provided;
- b. Parent, legal guardian or authorized representative is consistently late in picking up Child after preschool facility closes
- c. Non-payment or late payment of tuition and fees
- d. Checks returned for insufficient funds
- e. Failure to adhere to the sign-in/sign-out policies
- f. Failure to notify the District preschool that Child will be absent
- g. Child leaves the preschool facility without authorized written permission
- h. Behavior of the Child that is habitually disruptive or dangerous to others and/or self
- i. Behavior of the Child that is destructive to property and my refusal to replace said property
- j. Any single incident that is deemed by the preschool program director to be dangerous and harmful or disruptive to the well-being and safety of other children or staff
- k. Harassment, violent behavior or threat of such behaviors against District or preschool staff or volunteers by a parent/guardian or persons associated with the Child

12. Notice of Termination for Convenience. I understand that I am required to give 30 days' prior written notice when terminating my/our Child's enrollment in the Program. If 30 days' prior written notice is not given, I will not receive a refund or credit of any enrollment fees paid in advance.

**I have thoroughly read and understand the statements and conditions stated herein and agree to the terms of this agreement, and give consent for our Child to participate in the program.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent(s)/Guardian(s)/Legal Custodian(s)

\_\_\_\_\_  
Parent(s)/Guardian(s)/Legal Custodian(s)

\_\_\_\_\_  
Cell Phone or Emergency Contact Number

## Permission for Photographs, Videos, Audio, and Electronic Images

By signing this Agreement, I am irrevocably giving permission to the District and program to photograph, videotape, audiotape, interview or create other electronic images or likenesses of my Child about or during an activity. I acknowledge that I will not receive compensation for the use of my Child's image, likeness, appearance, and voice now or in the future. The District may, in whole or in part, use the photographs, video, sound recordings and other electronic images containing my Child's image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video, sound recordings and other electronic images may be used for any educational, institutional, scientific or informational purpose whatsoever, but will not be for any commercial uses. The District has the right and may allow others outside the District to copy, edit, alter, retouch, revise and otherwise change the photographs, video, sound recordings and electronic images at the District's discretion. All right, title, and interest in the photographs, video, sound recordings and electronic images belong solely to the School District.

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date

## Insurance

I fully understand that Elizabeth School District does not provide any accident or health insurance coverage for my child. I fully understand that it is my responsibility to provide insurance coverage for my child.

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Date

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

## Consent to Apply Sunscreen and Hand Lotion

I consent and authorize the officials of Elizabeth School District to apply sunscreen and hand lotion to my Child. If I have not provided the specific brand of sunscreen or hand lotion that is noted below to the preschool or child care program staff, then we consent and authorize the Elizabeth School District officials to apply any brand of sunscreen or hand lotion available.

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Date

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

Sunscreen brand: \_\_\_\_\_

Hand lotion brand provided: \_\_\_\_\_

## Waiver and Release of Liability

As the undersigned parent or legal guardian of the student identified below ("my child") I understand and hereby acknowledge that the participation of my child in any activities of the school, including but not limited to, class, recess, physical education, dining, sports, school-sponsored trips away from campus, other school-related activities or extracurricular activities, and use of a school facility or property (the "Activities"), involve INHERENT RISKS AND HAZARDS, including without limitation, dehydration, heat stroke, heat cramps, suffocation, paraplegia, quadriplegia, other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. There also are risks that cannot be anticipated. I am aware that the usual risks of travel are involved and do hereby give my child permission to take part in, and travel, in connection with activities of the school, including but not limited to sports, school-sponsored trips, and other school-related extracurricular activities.

ON BEHALF OF MY CHILD AND MYSELF, I FREELY ACCEPT AND FULLY ASSUME ALL COSTS, RISKS, DANGERS, AND HAZARDS of my/our child's participation in the Activities.

I also understand that Elizabeth School District ("District") cannot accept and will not have any responsibility for my child's acts or omissions.

### RELEASE OF LIABILITY, WAIVER OF CLAIMS:

In consideration of the District allowing my child to participate in athletic practices and competitions, on behalf of my child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on my child's behalf against the School, its successors, assigns, board of directors, shareholders, employees, representatives, agents and volunteers, arising directly or indirectly from my child's participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE SCHOOL DISTRICT, its successors, assigns, board of directors, shareholders, employees, representatives, agents and volunteers from any and all liability for any claims, loss, damage, injury or expense that my child may suffer as a result of, but not limited to, my child's participation in the Activities.

I HAVE FULLY READ AND UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY IT. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF MY CHILD AND MYSELF TO BRING LEGAL ACTION AGAINST ELIZABETH SCHOOL DISTRICT. I SIGN IT KNOWINGLY AND VOLUNTARILY AND OF MY OWN FREE WILL.

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date

**\*Optional Form** Please complete this form along with the Economic Data Survey form if seeking Tuition Assistance

# Elizabeth School District Colorado Preschool Program Intake Form

**Please Print**

Date: \_\_\_\_\_

Please be assured that all the information you share on this form will be kept confidential.

Running Creek Preschool

Singing Hills Preschool

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

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

1. What are your child's favorites? What are his/her favorite things to do, things to play with, movies, books, toys, food etc.?

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2. What are your child's least favorite things? Are there foods he/she does not like, things that he/she is afraid of, etc.?

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3. Does your child have opportunities to play with other children his/her age, how often, and what do they like to play?

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4. Do you have any questions or concerns about your child's development, behavior, motor skills, language, speech, cognition and social and or emotional skills?

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5. Tell us why you are sending your child to preschool.

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6. How many times has your family moved in the past 5 years? \_\_\_\_\_

7. Age of parents at child's birth: Mother \_\_\_\_ Father \_\_\_\_

8. Birth weight \_\_\_\_\_ lb. \_\_\_\_\_ oz.

9. Was your child full term? \_\_\_\_\_

10. Did your child require any special medical care and/or hospitalization at birth or during the first months of life?

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11. Does your child have a history of health concerns such as a history of ear infections, chronic upper respiratory infections etc.? Please explain:

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12. What languages are spoken in the home? What language does your child use most?

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13. Father's occupation \_\_\_\_\_  
Highest grade of school completed \_\_\_\_\_

14. Mother's occupation \_\_\_\_\_  
Highest grade of school completed \_\_\_\_\_

15. Have you had any significant recent changes in your family such as hospitalizations, divorce, and separations? If yes how is your child dealing with these changes?

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16. Is there any other additional information related to your family that puts stress on your family?

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17. Total household income for last year:

- less than \$23,606
- \$23,606-\$31,893
- \$31,894-\$40,181
- \$40,182-\$48,469
- \$48,470-\$56,757
- \$56,758-\$65,045
- \$65,046-\$73,333
- \$73,334-\$81,621
- \$80,622+

18. What is the total number of people in your household \_\_\_\_\_

19. Is there a family history of learning challenges within your family? This could include parents, aunts and uncles, siblings

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20. Is there anything else you would like us to know about your child?

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21. How did you learn about the preschool?

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22. All parents help their children develop and learn, but sometimes it is hard to know what to do. How would you describe your ability to help your child develop and learn?

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23. All parents try to help their children learn to behave the way they would like, but sometimes it is hard to know what to do. How would you describe your ability to help your child learn to behave the way you would like?

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The information on this form is used to provide background information to determine if your child qualifies for the Colorado Preschool Program. The criteria to qualify for this program are defined by both the State Department of Education and our Parent Advisory Group. If your child qualifies he/she will be eligible for our 4-day preschool program at no cost.



**STUDENT HEALTH INFORMATION**    School Year: \_\_\_\_\_

Student name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

HEALTH CONCERNS	YES	NO	MEDICATION (name/dosage)	RESTRICTIONS/ MEDICAL EQUIPMENT	DESCRIPTION/COMMENTS
Asthma/Respiratory					
Severe Allergies				Foods, Latex, Insects, Nuts, Medications?	Type of Reaction:  Date of last Reaction:
Diabetes				Equipment:  Pump:	
Head Injury					Date of injury:
Seizures/Neurological Conditions/Migraines					Type of last episode:  Date of last episode
Heart /Blood Conditions					
Muscle/Joint/Bone					
Skin Conditions					
Bladder/Kidney					
Stomach/Intestines					
Immune Conditions					
Hearing/Ear Concerns					
Vision/Eye Concerns					
Growth/Developmental Concerns					
Emotional/Behavioral/ Attention Concerns					
Accidents/Injuries					
Other Health Concerns					

**If your child needs to take medication while at school, please provide a "Permission to Give Prescription Medication at School" form filled out by your child's physician. If your child has asthma, diabetes, severe allergies or seizures, please go to the Elizabeth School District Health page for the required forms.**

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

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Date

Please contact the District Nurse if you would like to discuss any of the above information (303-646-6730)



# GENERAL HEALTH APPRAISAL FORM

**PARENT please complete AND SIGN**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Allergies:  None or Describe \_\_\_\_\_  
Type of Reaction \_\_\_\_\_  
Diet:  Breast Fed  Formula \_\_\_\_\_  Age Appropriate  
 Special Diet \_\_\_\_\_  
Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.  
 Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.  
I, \_\_\_\_\_ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

**HEALTH CARE PROVIDER: Please Complete After Parent Section Completed**

Date of Last Health Appraisal: \_\_\_\_\_ Weight @ Exam: \_\_\_\_\_  
Physical Exam:  Normal  Abnormal (Specify any physical abnormalities) \_\_\_\_\_  
Allergies:  None or Describe \_\_\_\_\_ Type of Reaction \_\_\_\_\_  
Significant Health Concerns:  Severe Allergies  Reactive Airway Disease  Asthma  Seizures  Diabetes  Hospitalizations  
 Developmental Delays  Behavior Concerns  Vision  Hearing  Dental  Nutrition  Other \_\_\_\_\_  
Explain above concern (if necessary, include instructions to care providers): \_\_\_\_\_  
Current Medications/Special Diet:  None or Describe \_\_\_\_\_  
Separate medication authorization form is required for medications given in school, child care or camp  
For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT  
 Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed  
Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office  
OR  Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed  
Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office  
Immunizations:  Up-to-Date  See attached immunization record  Administered today: \_\_\_\_\_

**Health Care Provider: Complete if Appropriate**

**\*\*ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE\*\***  
\*\* Height @ Exam \_\_\_\_\_ \*\* B/P \_\_\_\_\_ \*\*Head Circumference (up to 12 months) \_\_\_\_\_ \*\*  
\*\* HCT/HGB \_\_\_\_\_ \*\* Lead Level  Not at risk or Level \_\_\_\_\_  
\*\*TB  Not at risk or Test Results  Normal  Abnormal  
\*\*Screenings Performed:  Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal  Dental:  Normal  Abnormal-  
Recommended Follow-up \_\_\_\_\_

**Provider Signature**

Next Well Visit:  Per AAP guidelines\* or  Age \_\_\_\_\_  
This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.  
\_\_\_\_\_  
Signature of Health Care Provider (certifying form was reviewed) Date: \_\_\_\_\_

**Office Stamp**  
Or write Name, Address, Phone, #  
\_\_\_\_\_  
\_\_\_\_\_