

WCC Preschool Medical Form

Child's Name _____ Date of Birth _____

WCC Preschool requires an immunization record obtained from your child's medical provider stating the administered date for each of the following required immunizations for children 3-5 years of age:

- Hepatitis B (3 doses)
- DTaP (Diphtheria, Tetanus, & Pertussis) (4 doses)
- Polio (3 doses)
- Varicella (Chicken Pox) (1 dose)
- MMR (Measles, Mumps, & Rubella) (1 dose)

We would also like to have on file the following:

- Any known allergies _____

- Any learning disabilities _____

- Any sight or hearing issues _____

- Any special needs we need to be aware of _____

- Height _____ inches
- Weight _____ lbs
- Family Doctor or Pediatrician _____
- Contact Number _____

The immunization record and medical form must be turned in by the first day of school. If you have any questions, please contact us at (812) 591-2403 or wcc.kbelt@gmail.com