

**Asbury United Methodist Church's
Children's Morning Out**

Child Physical Evaluation

Due to Indiana State Guidelines every child will be required to have a physical exam
within 30 days of admission or 6 months prior to admission.

Child's Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Date of Birth: _____ Sex: _____

Explain "Yes" answers below:

1. Has your child ever been hospitalized? _____
2. Has your child ever had surgery? _____
3. Is your child taking any prescription medications? _____
4. Does your child have any allergies? _____
5. Has your child ever passed out during play? _____
6. Has your child ever been dizzy during or after play? _____
7. Does your child have any skin problems? _____
8. Has your child ever had a head injury? _____
9. Has your child ever had a seizure or epilepsy? _____
10. Has your child had any other medical problems? (Mono, diabetes, anemia, etc.) _____

Explain "yes" answers:

I hereby state that, to the best of my knowledge, the answers to the above questions are correct.

Date: _____ Parent/Guardian Signature: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____
Weight: _____
Blood Pressure: _____
Pulse: _____

Clearance:

- A. The above child is cleared to participate in activities at Children's Morning Out.
- B. The above stated child is cleared to participate in activities at Children's Morning Out after completing evaluation and/or rehabilitation for: _____.
- C. Not cleared due to: _____.

Recommendation:

_____.

I hereby state that the above child, enrolled at Children's Morning Out, was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this child unfit to participate in activities at Children's Morning Out.

Name of Physician: _____ Date: _____

Address: _____

Phone: (_____) _____

Signature of Physician: _____