

*Front Range Waldorf Association*  
12755 W. Cedar Drive  
Lakewood, CO 80228  
(303) 384-0139  
[www.frontrangewaldorf.org](http://www.frontrangewaldorf.org)

Fax # (303) 524 3798

Dear Physician:

The completion of this form is necessary for this child to attend the Front Range Waldorf Association Preschool/Kindergarten and Grade School.

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_

Date of last examination: \_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_

Has the child had or does the child currently have any of the following. Please check any that apply, date if applicable and add any pertinent information.

Chicken Pox _____	Rheumatic Fever _____	Diabetes _____
Whooping Cough _____	Rubeola _____	Asthma _____
Mumps _____	Rubella _____	Epilepsy _____

Allergies \_\_\_\_\_

Chronic Health Problems or illness \_\_\_\_\_

Any Physical condition requiring special attention: \_\_\_\_\_

Comments and recommendations: \_\_\_\_\_

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date