

Health Information

A copy of your child's up-to-date immunization form must be on file.

Child's Name: _____

General state of health: _____

Are your child's immunizations up to date? _____

Does your child have any known allergies? _____

Does your child have any medical conditions that I should be made aware of?

Has your child had the following common childhood illnesses?

Chicken pox _____

Measles _____

Whooping cough _____

German measles _____

Mumps _____

Other _____

Is your child prone to:

Ear infections _____

Headaches _____

Stomach upsets _____

Colds _____

Sore Throats _____

Does your child have any speech, hearing or visual problems? _____

Has your child ever undergone surgery? _____

If yes, please describe: _____
