



Medical Information

Name of Child: _____

Birthdate: _____

Pediatrician Name, Address and phone number:

_____ is ___ or is not ___ healthy and able to participate in all school activities.

Please list any medical history or allergies that child care personnel need to be aware of:

Please include screening results for this child below (cognitive, speech, small and gross motor and social/emotional development):

Signature of Pediatrician

Date

Health Insurance Information

Company Name, Address and

Phone number:

Policy Number: _____

In the event of an emergency what is your hospital of choice? _____

Dentist Information

Dentist Name, Address and

Phone Number:
