

MEDICAL RECORD

Name of Child: _____ **Date of Birth:** _____

Mother's Name _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Father's Name _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Physician's Name _____

Address _____

Phone Number _____

Insurance Information _____

Child's Medical Record Number _____

Chronic Illnesses _____

Allergies _____

Current Medications _____

Special Information: _____

Please note: Complete Immunization records must be on file
prior to your child's first day of enrollment.