

Child's Name _____

CHILD'S MEDICAL HISTORY:

General physical condition at the present time _____

During the past year _____

Allergies _____

Existing illnesses (asthma, etc...) _____

Previous serious illness _____

Previous contagious diseases (chicken pox, etc...) _____

Surgeries _____ Date _____

Accidents _____ Date _____

Physical Restrictions _____

Hospitalized in past year _____

Long Term medication child is taking _____

Other comments _____

My child is physically able to participate in all activities at Meadows Christian Learning Center. _____yes _____no

If no, please explain _____

Copy of immunization record is required.

Parent Signature _____ Date _____

Child's Name _____

EMERGENCY INFORMATION

Child's doctor _____ Phone _____

Address _____

Person to be contacted in the event of an emergency if the parents can not be reached.

Name _____

Address _____

Relationship to child _____

Home Phone _____ Business Phone _____

Pager _____ Additional # _____

Persons (other than parents) to whom the child may be released.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Parent Signature _____ Date _____