

Medical History

»Child's Name: _____

»Medical Insurance Company and policy number covering the child:

Insurance Policy Number : _____

Insurance Company's Phone Number: _____

Name and Address of Insurance Company: _____

»Name of Child's Doctor: _____

Phone Number: _____

Address: _____

»Child's Dentist: _____

Phone Number: _____

Address: _____

»Allergies: _____

»Special Needs: _____

◆ A COPY OF YOUR CHILD'S IMMUNIZATION RECORD AND A RECORD OF A RECENT PHYSICAL EXAMINATION ARE REQUIRED AT THE TIME OF ENROLLMENT.