

Key West Early Childhood Center, Inc.
10244 Key West Drive
Dubuque, IA 52003
563-583-1881

SCHOOL AGE HEALTH RECORD

Child's Name _____

Address _____

Parent's Name _____

Grade School My Child Attends _____

Does your child have any medical conditions that we should know about?
Such as asthma, seizure disorders, allergies. If yes, please explain

Does your child take any medication on a regular basis? If yes, please explain

My child's immunizations are all up to date. Yes _____ No _____

Date of last physical _____

Parent's Signature _____

Date _____