



Child's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

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:

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

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

Date of child's last physical \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date