

CHERRY LANE PRESCHOOL

Health Information

CHILD'S CARE CARD NUMBER:		
FAMILY DOCTOR:		DOCTOR PHONE
FAMILY DENTIST:		DENTIST PHONE

→ PHOTOCOPY REQUIRED OF YOUR CHILD'S IMMUNIZATION RECORD

PAST ILLNESSES

CHICKEN POX	RHEUMATIC FEVER
MEASLES	WHOOPING COUGH
MUMPS	OTHER

VISION TEST	SPECIAL DIET
HEARING TEST	ALLERGIES
SPEECH DIFFICULTIES	IF YES, PRODUCTS TO AVOID:
DIABETES	MEDICATION REQUIRED:
ASTHMA	