



Northern Dauphin Christian School Early Education Center



MEDICAL FORM

CHILD INFORMATION

CHILD'S NAME: _____
FIRST MIDDLE LAST

MALE

FEMALE

DATE OF BIRTH: ___/___/___

CHECK ONE: 3 YEAR OLD CLASS (MUST BE 3 BY AUGUST 31, 2010) 4 YEAR OLD CLASS (MUST BE 4 BY JANUARY 1, 2011)

PEDIATRICIAN/FAMILY PRIMARY CARE INFORMATION

Pediatrician/Family Primary Care Physician: _____

Pediatrician/Physician Address: _____

Pediatrician/Physician City/State/Zip: _____

Pediatrician/Physician Phone: (_____) _____ - _____

Are your child's immunizations up to date? Yes No (Please attach list of immunizations & dates when administered)

Most recent dates for the following immunizations:

Varicella / Chicken Pox _____ DTaP _____ MMR _____

List any allergies: _____

List any food restrictions: _____

List any medications taken on a regular basis: _____

Hospital preference for emergencies: _____

List any medical needs or information of which NDCSEEC should be aware: _____

Daily Release

Name of person responsible to...

...take child to NDCSEEC daily: _____ Phone: (_____) _____ - _____

...pick-up child from class daily: _____ Phone: (_____) _____ - _____

List of other responsible parties with permission to transport child to/from EEC:

_____ Phone: (_____) _____ - _____

_____ Phone: (_____) _____ - _____

_____ Phone: (_____) _____ - _____

Please list any individuals who are NOT permitted to transport child to/from EEC: _____

Parents Signature: _____ Date: _____