LAKELAND BAPTIST EDUCATION CENTER LAKELAND CHRISTIAN ACADEMY CHILD'S HEALTH RECORD

Name of child					_ Birtl	nday	
MEDICAL HISTOI	RY						
Has your child had a	any of the fo	llowing ill	nesses	?			
Measles	Yes	No				s, when?	
Whooping Cough	Yes \square	No			•	s, when?	
Mumps	Yes \square	No				s, when?	
Chicken Pox	Yes \square					s, when?	
Flu	Yes \square				•	s, when?	
Meningitis	Yes \square	No				s, when?	
Convulsions	Yes \square	No			If ye	s, when?	
Does your child hav Foods Drugs							
Is there any evidenc	e of:						
Hearing loss or difficulties? Yes				No		Please specify	
Vision diffic	Yes		No		Please specify		
Speech disal	Yes		No		Please specify		
Please list:							
Hospitalizations							
Operations							
Other serious illness	ses						
IMMUNIZATIONS	}						
Please supply us a	copy of you	r child's s	hot rec	cord.			
Are all immunizatio	ns up-to date	e?	Yes		No		
Is your child free fro	om commun	icable dise	ases?	Yes		No 🗆	
List any medication	s and drugs t	taken regul	larly by	your ch	ild:		

Other remarks regarding physical condition/specia	l instructions (if any):
Physician's Name	
Address(City/State/Zip)	Telephone
The above information is correct as of	(date).
Signature of Parent	
Address (City/State/Zip)	Telephone
AUTHORIZATION FOR EM	IERGENCY TREATMENT
I hereby authorize medical personnel and/or lemergency treatment, procedure, or medicine preschool personnel accompany (child's full n	e necessary or advisable when church or name)
to the emergency room. I also authorize chur ambulance, if necessary. I agree to pay the ho services rendered to the above patient.	-
Signed:	_ Date

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