Child's Health Record

TENDER SHEPHERD PRESCHOOL

The Bible Chapel
300 Gallery Drive
McMurray, PA 15317

Name of Child _____

Date of Birth _____

Child's Physician _____ Phone _____

Medical History

Has your child had...	Yes	No	If yes, please provide a brief description and date of illness
Measles			
Mumps			
Chicken Pox			
Whooping Cough			
Flu			
Meningitis			
Convulsions			
Allergies			
Other (Please indicate)			

Is there any evidence of:	Yes	No	If yes, please provide a brief description
Hearing Loss or difficulty			
Vision difficulty			
Speech disability			

Medical History *(continued)*

Please List Any:

Hospitalizations_____

_____

Operations _____

_____

Other serious Illness_____

_____

Any current communicable disease_____

_____

Immunizations

Vaccine	Date
DTP (Diphtheria, Tetanus, and Pertussis-Whooping Cough)	
Trivalent Oral Polio Vaccine	
MMR (Mumps, Measles, Rubella)	
HIB Vaccine	
Tuberculin Test (Tine)	

List any medications taken regularly by your child _____

_____

Other remarks regarding your child's physical condition _____

_____

_____

I verify that all immunizations are up-to-date and that all information provided is truthful and accurate.

Parent or Guardian _____

Date_____

THE BIBLE CHAPEL

DEVELOPING FOLLOWERS OF JESUS CHRIST