

PAOLI METHODIST NURSERY SCHOOL

81 Devon Road

Paoli PA 19301

610-644-5576

HEALTH AND IMMUNIZATION RECORDS

Child's Name_____DOB_____Sex____Height____Weight____

Address_____

Has your child had any of the following? Please give details.

Allergies_____

Severe Reaction to Bee Stings_____

Recurring Illness _____

Operations (note type) _____

Developmental Delays_____

Serious Accidents _____

Current Limitations

Is your child currently under medical treatment? _____

Please note type of treatment. _____

List any illness or health problem which could have an effect on your child's performance or ability in school.

Signature of Parent _____

Child's Physician _____ Physician's Phone _____
(Print)

Date of last physical examination _____

****ATTACH IMMUNIZATION RECORDS WITH PHYSICIAN'S SIGNATURE**