

Little Lamb Preschool
Hamburg United Methodist Church
116 Union Street
Hamburg, NY 14075

MEDICAL INFORMATION

(To be completed and signed by Physician-New York State Law)

CHILD'S NAME: _____ BIRTHDATE: _____

CHILD'S DOCTOR OR CLINIC INFORMATION:

Physician's Name: _____

Address: _____ Phone: _____

IMMUNIZATION AND SKIN TESTING WITH DATES (or attach a copy of Immunization Record):

<u>DTaP</u>	<u>Polio</u>	<u>Hib</u>	<u>HepB</u>	<u>MMR</u>	<u>PCV</u>	<u>Varicella</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does this child have any allergies (food or any other types)? _____
If so please list.

Has this child been hospitalized? _____
If so please list when and why.

Are there any conditions or childhood illnesses that the school should know about?

Please attach an additional sheet if any additional space is needed.

Physician's Signature

Date