Children's Medical Report

ame of Child				Birth	date _		
ame of Paren	t or Guardian						
ddress of Par	ent of Guardian						
Medical His	tory (May be comple	ted by parent	t)				
Is child allerg	ic to anything? No_	Yes I	f yes, what?				
Is child curre	ntly under a doctor's c	care? No	Yes If yes	, for what reason	on?		
Is the child or	n any continuous med	ication? No	Yes If	yes, what?			
Any previous	hospitalizations or op	perations? N	lo Yes I	f yes, when and	d for v	vhat?	
diabetes No_	f significant previous Yes; convulsio t/when?	ns No Y	es; heart tre	ouble No Y		-·	
Does the child	d have any physical d	isabilities: N	No Yes I	f yes, please de	escribe	e:	
	bilities? NoYes_ rent or Guardian						
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