

Child's Medical History
Grace Christian School Preschool and Day Care

Name _____

Pediatrician of Choice _____

Name of Clinic _____

Office Phone _____

Location of Clinic _____

I _____ understand that Grace Christian school does not have medical insurance coverage. I am responsible for **all** medical bills incurred on behalf of my child.

Insurance

List name of insurance covering child _____

Copy of Card on File: Yes _____ No _____

_____ Child has no current health insurance.

Indicate any childhood diseases your child has had:

____ Chicken Pox ____ Scarlet Fever ____ Mumps ____ Measles ____ Rubella
____ Diabetes ____ Hepatitis ____ Asthma ____ Hay Fever
____ Tubes in ears ____ Hemophilia ____ Seizures Other _____

Indicate whether your child suffers frequently from any of the following:

____ Tonsillitis ____ Earaches ____ Stomach Ache
____ Vomiting ____ High Fever ____ Constipation
Other _____

List any allergies your child may have and the treatment for each (food allergies, skin allergies, medication allergies, etc.) _____

Identify any matters concerning your child that may effect your child's growth, interaction or behavior at the center. _____

Does your child have any special or extreme fears? (for example: thunderstorms, loud noises, dark, etc.) _____

For Office Use Only*****

____ Contract

____ Authorization Form

____ Deposit/Registration Fee

____ Immunization 121

Date of Enrollment _____

Date of Withdrawal _____