



KIRKLAND LAKE DAY CARE CENTRE
119 QUEEN STREET
KIRKLAND LAKE, ONTARIO
P2N 2S2
TELEPHONE: 567-4225

MEDICAL INFORMATION

CHILD'S NAME:

DATE OF BIRTH:

HEALTH CARD #

CHILD'S PHYSICIAN:

PHYSICIAN'S PHONE #:

HEALTH RECORD

1. Does your child have any physical disabilities? Please describe:

2. Does your child have any chronic health problems (such as asthma, allergies, etc.)? Please describe:

3. Does your child have any emotional disorders or behavior problems? Please describe:



4. Has your child had any of the following (check yes):

	Measles		German Measles		Whooping Cough		Chicken Pox		Scarlet Fever
--	---------	--	----------------	--	----------------	--	-------------	--	---------------

5. Does your child regularly take any medications? Please describe:

6. Please fill in the following information:

IMMUNIZATION: (Please copy from your yellow immunization card)

	Date (Year/month/day)	Peritussis	Diphtheria	Tetanus	Polio-IPV	Polio-OPV	Measles	Mumps	Rubella	Hemophilus B	TB Skin Test and Result	Hepatitis B	Comments - other immunization or tests
		BCG Vaccination against Tuberculosis - DATE: _____											

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____