LAKELAND BAPTIST EDUCATION CENTER
LAKELAND CHRISTIAN ACADEMY
CHILD'S HEALTH RECORD

Name of child_____ Birthday_____

MEDICAL HISTORY

Has your child had any of the following illnesses?

Measles	Yes	□	No	□	If yes, when?_____
Whooping Cough	Yes	□	No	□	If yes, when?_____
Mumps	Yes	□	No	□	If yes, when?_____
Chicken Pox	Yes	□	No	□	If yes, when?_____
Flu	Yes	□	No	□	If yes, when?_____
Meningitis	Yes	□	No	□	If yes, when?_____
Convulsions	Yes	□	No	□	If yes, when?_____

Does your child have any food or drug allergies?
Foods_____
Drugs_____

Is there any evidence of:

Hearing loss or difficulties?	Yes	□	No	□	Please specify_____
Vision difficulties?	Yes	□	No	□	Please specify_____
Speech disabilities?	Yes	□	No	□	Please specify_____

Please list:

Hospitalizations_____

Operations_____

Other serious illnesses_____

IMMUNIZATIONS

<u>Please supply us a copy of your child's shot record.</u>

Are all immunizations up-to date? Yes □ No □

Is your child free from communicable diseases? Yes □ No □

List any medications and drugs taken regularly by your child:_____

_____

Other remarks regarding physical condition/special instructions (if any):_____

_____

_____

Physician's Name_____

Address_____Telephone_____
(City/State/Zip)

The above information is correct as of _____(date).

_____
Signature of Parent

_____Telephone _____
Address (City/State/Zip)

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize medical personnel and/or hospital emergency staff to administer any emergency treatment, procedure, or medicine necessary or advisable when church or preschool personnel accompany (child's full name) _____ to the emergency room. I also authorize church personnel to secure the use of an ambulance, if necessary. I agree to pay the hospital, doctors, and ambulance service all services rendered to the above patient.

Signed:_____ Date_____

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