

HEALTH RECORD

1. List all allergies and any special precautions and treatment indicated for these allergies. (eg., foods, medications, or environmental allergies).

2. List medications: including food supplements, modified diets or fluoride supplements currently being administered to the child.

3. List any chronic physical problems and any history of hospitalization.

4. List any diseases the child has had.

I do not give permission to Perry County Preschool to:

PARENTS SIGNATURE _____ **DATE** _____