

# CHERRY LANE PRESCHOOL

## Health Information

CHILD'S CARE CARD NUMBER:		
FAMILY DOCTOR:		DOCTOR PHONE
FAMILY DENTIST:		DENTIST PHONE

→ PHOTOCOPY REQUIRED OF YOUR CHILD'S IMMUNICATION RECORD

### PAST ILLNESSES

CHICKEN POX	RHEUMATIC FEVER
MEASLES	WHOOPING COUGH
MUMPS	OTHER

VISION TEST	SPECIAL DIET
HEARING TEST	ALERGIES
SPEECH DIFFICULTIES	IF YES, PRODUCTS TO AVOID:
DIABETES	MEDICATION REQUIRED:
ASTHMA	