Bethel Nursery School Health Record

Name _____ Sex _____ Date of Birth _____
Last First Middle

Primary Home Language _____

Address (street and town) _____

Home Tel. Number _____

Father _____ Employer _____ Phone _____

Mother _____ Employer _____ Phone _____

Guardian is: Father Mother Other (name & address) _____

In Emergency, if parent not available notify (name, address, tel. No.)

_____

_____

Regular source of medical care (name, address, tel. no.)

_____

_____

Regular source of dental care (name, address, tel. no.)

_____

_____

Health Care Provider Statement

This is to certify that I gave _____ a complete physical on _____
(child's name) date of exam

Know allergies: _____

_____

Other pertinent medical information: _____

_____

_____
Provider Signature

_____
Date