## Children's Medical Report

Name of Child					Birthdate	
Name of Parent of	r Guardian					·
Address of Paren	t of Guardian					
Medical Histo	y (May be com	pleted by par	rent)			
Is child allergic	to anything? N	o Yes	If yes, wha	t?		
Is child currentl	y under a doctor	r's care? No_	Yes	If yes, for w	hat reason?	
Is the child on a	ny continuous n	nedication? I	No Yes_	If yes, w	hat?	
Any previous h	ospitalizations o	r operations?	NoYes	If yes, v	when and for what?_	
convulsions No	Yes; he	eart trouble N	No Yes	_; asthma N	Yes; diabete	
					please describe:	
ny mental disabil		-	•		D	
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