MESSIAH LAMBS HEALTH RECORD

Phone: (972)398-7560

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Part I: Identifying Information – to be completed by parent

Child:			
Last Name	First Name	Middle Name	
Date of Birth:	Sex (Circle one):	Male Female	
Doctor's Name:	Doctor's Te	Doctor's Telephone:	
Doctor's Address: Street	Cit	y Zip	
Part II: Statement Con – to be o	cerning Health Status completed and signed by	the child's physici	
Diagnosis of Physical or Mental Ir	mpairment:		
Limited Activities (List activities in which	the child should not participate):		
Medication Prescribed on Regular	Basis (Must be in original container if administered	at facility):	
Special Diet:			
Asthma (Please describe symptoms/course of a	ction):		
Allergies (If a food allergy is listed here a Foo	d Allergy Action Plan will also need to be completed)	:	
I have examined the previously in school activities.	named Child and find that he / she	is physically able to take p	
	Physician's Signature		

Part III: Immunization Records – please attach a signed / stamped copy of the Child's immunization records