



Canal Town Nursery School
Western Presbyterian Church
P.O. Box 415
Palmyra, New York 14522
(315) 597-4194
www.ctnschool.org

HEALTH RECORD

Child's Full Name _____ Date of Birth ____/____/____

Home Address _____ Telephone () _____

Child is enrolled in (please circle one): TTH 3 MWF4 MW4

Allergies _____

Allergic to Drugs? ____ If yes, list, them _____ Has Child Had Penicillin? ____

Medical Insurance _____

IMMUNIZATION DATES & HEALTH INFORMATION

DPT _____ Rubella _____ Measles _____ Mumps _____

HIB _____ Poliomyelitis _____ Hepatitis B _____ Varicella _____

Other _____ Tuberculin Test Pos. ____ Neg. ____

Does the child have any food allergies or require special diet? _____

Does the child have a physical or mental handicap that requires special care or continued close supervision?

Does the child require any medication? _____

Is the child physically able to participate in a Nursery School program? _____

DOCTOR'S NAME (Please Print) _____

DOCTOR'S SIGNATURE _____ Date ____/____/____

In case of an emergency, I release my child for such medical assistance as the Canal Town Nursery School deems necessary.

Father's Signature _____

Mother's Signature _____

Or Guardian _____

***** Signature of **BOTH** parents required except in case of legal separation *****

The above medical release is applicable only in the event parents cannot be contacted or under extreme emergency conditions.

Name & Address of doctor preferred _____

Telephone () _____ Hospital _____