NEW SONG
CHRISTIAN ACADEMY

Health Form

This form must be completed by a medical doctor or registered nurse

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Parent's Address: _____

Status of the above child's health:

_____

_____

_____

_____

Any known conditions under treatment:

_____

_____

_____

_____

Child is capable of adjusting to programs of the child care facility: ☐ **Yes** ☐ **No**

Reason:

_____

_____

_____

_____

Name of MD/RN:
(please print) _____ Telephone: _____

Signature: _____ Date: _____

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