DCD 0108 12/99

Children's Medical Report

Hudson Memorial Preschool 4921 Six Forks Road Raleigh, NC 27609 919.787.1792 www.hmp-preschool.org

Name of Child_					Birthdate	
Name of Parent	or Guardian	·				
. Medical Hist	ory (May be	completed b	by parent)			
. Is child allergi	c to anything	g? No Y	es If yes, w	hat?		
. Is child curren	tly under a d	loctor's care?	' No Yes	_ If yes, for w	hat reason?	
. Is the child on	any continu	ous medicati	on? NoYe	s If yes, w	hat?	
. Any previous	hospitalizati	ons or operat	tions? No Y	es If yes,	when and for what?_	
convulsions N	VoYes_	_; heart trou	ıble No Yes	; asthma N	Yes; diabet	es NoYes;
					please describe:	
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