



Beacon Baptist Church Daycare

2110 Trawick Road
Raleigh, NC 27604

School Medical Form

Child's Name _____
Last First Middle

Birthdate ___/___/___ Address _____

Father's Name _____ Phone Numbers _____

Mother's Name _____ Phone Numbers _____

Pediatrician: _____ Phone: _____

Hospital Preference: _____

MEDICAL HISTORY

List all allergies: _____

Is this child currently under a doctor's care? ___ If yes, for what? _____

Is this child on any continuous medication? ___ If yes, for what? _____

Has this child had any previous hospitalizations/operations? ___ If yes, for what? _____

Has this child had a history of the following:

| | |
|---------------------|-------------------------|
| Heart trouble _____ | Recurrent Illness _____ |
| Diabetes _____ | Convulsions _____ |
| Other _____ | |

Does this child have any physical or mental disabilities? ___ If yes, then what?

Parent/Guardian Signature