

# St. Mark's Medical Report For Nursery School Enrollment

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Does your child have any allergies, food restrictions, special medical or additional information?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state: \_\_\_\_\_

Has your child had any communicable diseases?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state: \_\_\_\_\_

Do you have any concerns regarding your child's development; i.e. speech, behaviour etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state: \_\_\_\_\_

Completion of the consent form below will enable a Doctor to provide necessary medical treatment in case of an emergency when the parents cannot be reached. It is understood that every effort will be made to contact the parents or guardian. If medical treatment is necessary at any time due to accident or sudden illness, this may be given. I understand that any expenses incurred for such treatment is my responsibility. I agree to inform the Supervisor of St. Mark's of any changes in writing.

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Name, please print: \_\_\_\_\_

Date: \_\_\_\_\_