

Medical and Dental Information

(A copy of your child's immunizations will be needed. Immunization form can be downloaded from www.kiddiekopia.com)

Child's general state of health: _____

Does your child have any known allergies? _____

Are you concerned that your child may be prone to any type of allergies? _____

Does your child have any food restrictions? _____

Does your child have any medical conditions which Kiddie-Kopia PreSchool should be made aware of? _____

Does your child have any speech, hearing or visual problems? _____

Has your child ever had any surgeries? _____

Would there be any restrictions to play or activities? Is your child handicapped, allergic to grass, etc. _____

Doctor's name _____

Doctor's address _____

Doctor's phone number _____

Insurance Company name _____

Insurance Company policy number _____

Dentist name _____

Dentist address _____

Dentist phone number _____

Insurance Company name _____

Insurance Company policy number _____