

JUDAH'S CUB CARE

HEALTH/MEDICAL RECORD

Name of Child: _____ Date of Birth: _____

Mother's Name: _____

Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone _____ E-mail Address: _____

Father's Name: _____

Address _____

Home Phone Number _____ Work Phone Number _____

Cell Phone _____ E-mail Address: _____

Physician's Name: _____

Address _____

Phone Number _____

Insurance Information: _____

Child's Medical Record Number: _____

Chronic Illnesses _____

Allergies _____

Current Medications _____

Special Information:

Please note: Complete Immunization records must be on file
prior to your child's first day of enrollment.