

CRAFTON UNITED PRESBYTERIAN CHURCH

PRESCHOOL

80 Bradford Avenue, Pittsburgh, PA 15205

412-921-2293

craftonup@yahoo.com

HEALTH HISTORY

Name of Child _____ Birthdate _____

Address _____
Street No. and Name City Zip Code

Home Telephone _____

Father's Name Mother's Name

Street No. and Name, City, Zip Street No. and Name, City, Zip

Work / Cell Phone Work / Cell Phone

Name of Child's Physician Date of your child's last physical exam

Physician's Address Immunizations up to date? Yes No

Physician's Telephone No.

Does your child have any allergies? If yes, please specify _____

List any medications child is presently taking: _____

List any illness or health problems you, or your physician, feel we should be aware of: _____

Emergency Contacts:

Name _____ Phone: _____

Name _____ Phone: _____