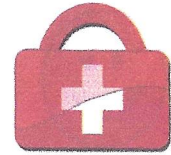


KIDDIE CORNER @ CAZ

CHILD HEALTH HISTORY



Child's Name: _____ Date of Birth: _____

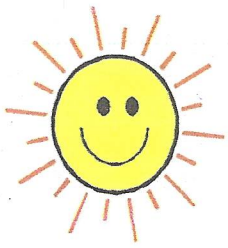
Does your child have any existing medical conditions (i.e. a current or recent illness or injury)?

Does your child have any medications or other medical treatments?

Any restrictions or limitations?

Any dietary restrictions?

Allergies?



KIDDIE CORNER @ CAZ CHILD HEALTH HISTORY



Any additional concerns?

EMERGENCY CONTACTS

NAME	RELATIONSHIP	DAYTIME PHONE

Please attach your child's most up to date immunization history

Print Name _____

Signature _____ Date _____