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High Holy Days Medical Information Form – 2010/5771

Name of Child: _____ **Age of Child:** _____

Please check the following, as appropriate.

_____ My child is free from contagious illness.

_____ My child is up to date on all state-required immunizations.

_____ My child has allergies. Please indicate _____

_____ My child has special considerations. Please indicate _____

Parent Signature _____ Date _____

Name of Child: _____ **Age of Child:** _____

Please check the following, as appropriate.

_____ My child is free from contagious illness.

_____ My child is up to date on all state-required immunizations.

_____ My child has allergies. Please indicate _____

_____ My child has special considerations. Please indicate _____

Parent Signature _____ Date _____