Children's Medical Report

e of Parent or			DI	rthdate	
	Guardian				
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	ic to anything? No_		what?		,
	ntly under a doctor's				
	any continuous me				
Any previous	hospitalizations or c				
Any history of abetes NoY thma No	f significant previou /es; Yes	convulsions N	rent illness? No lo Yes; t/when?	heart trou	ible NoYes;
Does the child	have any physical o				
ny mentai disai	bilities? NoYes_	If yes, please of	describe:		
gnature of Par	rent or Guardian				
gnature of Pa	rent or Guardian_				Date
gnature of Pa	rent or Guardian				Date
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