

BARKER CENTRAL SCHOOL

1628 Quaker Road

Barker, NY 14012

Dear Parent:

In order to complete your child's health record card, we need the information listed below. We trust that you will be pleased to cooperate with us in this matter, and what you tell us will be held in confidence.

Name of Child: _____ Address: _____

Date of Birth: _____ Birthplace: _____

Physician: _____ Physician's Phone: _____

Mother: _____ Address: _____

(Please include Maiden Name)

Father: _____ Address: _____

Parent/Guardian Signature: _____ Telephone: _____

DISEASE HISTORY OF CHILD

Please circle if your child has had the disease, giving the year when possible under "Date".

	Date		Date
Chicken Pox	_____	Kidney Disease	_____
Measles	_____	Heart Disease	_____
German Measles	_____	Pneumonia	_____
Mumps	_____	Tuberculosis	_____
Diphtheria	_____	Whooping Cough	_____
Tonsillitis	_____	Rheumatic Fever	_____
Scarlet Fever	_____		

Allergies or Asthma:

Operations:

Tonsillectomy _____

Serious injury or illness: _____

PREVENTIVE AND CONTROL MEASURES

A COPY OF YOUR CHILD'S IMMUNIZATION RECORD IS REQUIRED
BEFORE ENTRANCE INTO BARKER CENTRAL SCHOOL

Younger siblings at home:

Name:

Birth Date:

