



Canal Town Nursery School  
Western Presbyterian Church  
P.O. Box 415  
Palmyra, New York 14522  
(315) 597-4194  
[www.ctnschool.org](http://www.ctnschool.org)

### HEALTH RECORD

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Child is enrolled in (please circle one): MOMMY & TOT    TTH 3    MWF4    MW4

Allergies \_\_\_\_\_

Allergic to Drugs? \_\_\_\_ If yes, list, them \_\_\_\_\_ Has Child Had Penicillin? \_\_\_\_

Medical Insurance \_\_\_\_\_

### IMMUNIZATION DATES & HEALTH INFORMATION

DPT \_\_\_\_\_ Rubella \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

HIB \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Varicella \_\_\_\_\_

Other \_\_\_\_\_ Tuberculin Test Pos. \_\_\_\_ Neg. \_\_\_\_

Does the child have any food allergies or require special diet? \_\_\_\_\_

Does the child have a physical or mental handicap that requires special care or continued close supervision?  
\_\_\_\_\_

Does the child require any medication? \_\_\_\_\_

Is the child physically able to participate in a Nursery School program? \_\_\_\_\_

DOCTOR'S NAME (Please Print) \_\_\_\_\_

DOCTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of an emergency, I release my child for such medical assistance as the Canal Town Nursery School deems necessary.

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Or Guardian \_\_\_\_\_

\*\*\*\*\* Signature of **BOTH** parents required except in case of legal separation \*\*\*\*\*

*The above medical release is applicable only in the event parents cannot be contacted or under extreme emergency conditions.*

Name & Address of doctor preferred \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Hospital \_\_\_\_\_