

Bethel Lutheran Educational Services (BLESS) Preschool
2020 - 2021

Health Record

Child's Name: _____
 First Middle Last

Birthday (M/D/Y): _____ Age: _____

Please provide most recent immunization dates: If you wish, attach a copy of your child's immunization records.

Pertussis	Diphtheria	Tetanus	Hib	Polio	M.M.R.

If you have chosen **NOT** to have your child immunized, please complete the following:

I, _____, have made an informed decision that my child, _____, will not participate in the immunization program. _____ Date Parent Signature

Medications administered at home: _____

Childhood diseases or operations your child has had: _____

Parent Signature

Date

A copy of your child's Alberta Health Care card will be placed here.
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