Bethel Lutheran Educational Services (BLESS) Preschool

Health Record

Child's Name:_____
First Middle Last

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

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

DTaP-IPV-Hib-HB	PNEU-C13	Rotavirus	Mencon C	MMR-Var

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.

_____ _____
Parent Signature Date

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.