

**CHRISTIAN PRE-SCHOOL/SUMMER PROGRAM
MEDICAL INFORMATION FORM**

Dobbs Ferry Lutheran Church, 43 Ashford Avenue, Dobbs Ferry, NY, 10522
Office -(914) 693-0026, **Fax** -(914) 693-7731

STUDENT NAME _____

AGE _____ BIRTHDATE _____ SEX _____

PHYSICIAN/GROUP NAME & PHONE NO. _____

ALLERGIES: _____

MEDICATIONS: _____

SPECIAL CONCERNS/NEEDS: _____

The above-named student may participate in all activities of the Christian Pre-School:

YES _____ NO _____

(If no, please explain limitations) _____

**Please attach child's immunization
record to this form..... Thank you!**