

Medical History and Related Information

Child Name	_____	_____	_____	_____	_____
Blood Type					
Allergies					
Existing Medical Conditions					
Medications Taken					
Child's Past Medical History					
Smoke/Drink/Drug Use					
Family Medical History					
Religious Restrictions on Care					
Child's Social History					
Other Comments					
Tips on How to Comfort Child (favorite toys; etc.)					