

The Lion & Lamb

Christian School

A ministry of Grace Church

Phone: (775) 747-7769 Fax: 747-8689



CHILD HEALTH RECORD

This form is to be completed upon enrollment at The Lion & Lamb Christian School by a licensed physician or health agency.

Name _____

Birthdate _____

Weight _____

Height _____

Does this child have a history of seizures, diabetes or any disease which must be controlled by medication or other form of treatment? If yes, please explain: _____

Does this child have a history of allergies, illnesses, operations, physical limitations or traumatic experiences? If yes, please explain: _____

Physical: General Appearance

Skin:

Ears:

Thorax:

Genitals:

Lymph's:

Nose:

Lungs:

Anus:

Head:

Throat:

Heart:

Spine:

Eyes:

Neck:

Abdomen:

Extremities:

Emotional Stability:

Overall Impression:

Recommendation or Plan of Treatment:

Professional Signature

Date of Signature