

HEALTH INVENTORY

CHILD'S PERSONAL RECORD FOR
CHILD CARE CENTERS, FAMILY CHILD CARE HOMES, AND
NON-PUBLIC NURSERY SCHOOLS AND KINDERGARTENS

Child's Name:	_____	_____	_____	Birth Date:	_____
	Last	First	Middle		
Name of Parent/Guardian:	_____			Relationship:	_____
Home Address:	_____				
	Street	City	State	Zip Code	
Home Telephone:	_____				

Dear Parent/Guardian:

Every child should have medical and dental health supervision from birth to age 18. Even healthy children should see a doctor and dentist at regular intervals. Health check-ups should include physical examination and immunizations which are necessary to keep your child free of communicable disease.

Maryland law requires you to submit proof of age-appropriate immunizations on the Maryland Immunization Certificate (DHMH 896) to the center, home, or school. This must be done before your child can be admitted.

This form requests health information from you (Part I) and from your child's Health Practitioner (Part II). The section you complete will be helpful to the Health Practitioner in his evaluation of your child.

PLEASE RETURN THIS COMPLETED FORM TO:

Name of: _____
Child Care Center, Family Child Care Home, School

Address: _____
Street

City State Zip Code

