

**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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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