CHILD HEALTH REPORT

COUNTY DAY		(55 PA C									
CHILD'S NAME: (LAST)		(FIRST)			T/GUARDIAN:						
DATE OF BIRTH:		HOME PHON	NE:	ADDRE	55.						
CHILD CARE FACILITY NAME:					JJ.						
FACILITY PHONE:		COUNTY:		WORK	PHONE:						
☐ I authorize the child care staff and my ch	ild's health	professional to	Communicati	o disamin is -							
PARENT'S SIGNATURE:		2.01233101181 [0	Communicati	e directly if n	eeded to clar	ity informatio	n on this f	orm ab	out my c	hild.	
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