



ROCKFORD KINDERGARTEN, DAYCARE & PRIMARY SCHOOL

EDUCATION FOR A BRIGHT FUTURE

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Date.....

CHILD HEALTH FORM

NAME:

AGE:

CLASS:

RESIDENCE:

PARENT'S NAME:

CONTACT:

ANY HEALTH COMPLICATION:

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PERSONAL DOCTOR'S NAME:

CONTACT:

LOCATION OF THE CLINIC/ HOSPITAL:

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SIGN OF THE PARENT/GUARDIAN