



Welcome to K.C.L.C!

Please tell us about your Child!

We are required to have a completed and signed form in every child's file. Please provide specific details or write N/A by each category, sign, and date the bottom.

Childs Name _____ Current Age: _____

Allergies:

Existing illness:

Previous serious illness:

Injuries and hospitalizations during the past 12 months:

Any medication prescribed for long-term continuous use:

Any other information which caregiver's should be aware of:

Any other information:

Parent Signature

Date