

# Gan Chabad Preschool Health Form

Child’s name: \_\_\_\_\_

Health history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has there ever been a history of previous communicable diseases? If yes please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special diet or medication required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an emergency arises (G-d forbid) and none of the people specified above can be contacted, I hereby give Gan Chabad permission to take any measures deemed proper considering the circumstances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_