

Information For Emergency Treatment

Date of last medical examination _____

Does child have or has child ever had: Yes No

Anemia _____

Diabetes _____

Hepatitis _____

Allergies _____

 To penicillin _____

 To local anesthetic _____

Abnormal heart condition _____

Abnormal bleeding from a cut _____

Rheumatic fever _____

Heart murmur _____

Is your child under the care of a physician now _____

Is any medication being taken now _____

 If so, what _____

Other physical conditions _____

Name of physician _____

Telephone number _____

Information given by (signature) _____

Date	Service Rendered	Charge	Credit	Balance