

David's Christian Learning Center
Medical Update Form



Your child, _____ needs the following medical information updated for Day Care licensing records.

_____ Immunization _____ due _____

_____ Physical, need by _____ (form attached)
(Yearly)

_____ 3 Month Tylenol or Motrin Prescription expires _____
(Every 3 months until the age of 2 years old)

PHYSICIAN—COMPLETE THIS SECTION

Child may receive:

Infant Motrin: _____ mg/ml, every _____ hours

Children's Motrin: _____ mg/ml, every _____ hours

Infant Tylenol: _____ mg/ml, every _____ hours

Children's Tylenol: _____ mg/ml, every _____ hours

For teething, immunization discomfort, fever (still sent home), when parental permission is given. Medications brought in by the parent must be dated and labeled with the child's name on the bottle, not the box.

Physician's Signature: _____ Date: _____

Parent Signature: _____ Date: _____