

KIDDY KAROUSEL
Infant Medical and Health Information
(This form is to be filled out and signed by the child's doctor)

Child's Name _____

1. Does this child have either of the following? If yes, please specify and list treatment / recommendations.

_____ **Allergies** _____

_____ **Important health problems** _____

2. Feeding: Please note your recommendations for the following:

A. Type of formula _____ **Until what age** _____

B. Type of milk (circle) **Skim** **2%** **Whole**

C. What age should the child start:

Cereal _____ **Fruit juice** _____ **Fruit** _____ **Eggs** _____

Vegetables _____ **Meat** _____ **Table Foods** _____

3. Is this child developing normally for his /her age? (circle) Yes No
If not, what modifications are needed in a daycare program?

Please use the back of this form for any additional information you think the daycare center should know about.

Physician's Signature _____

Clinic _____

Date _____