

David's Christian Learning Center  
Medical Update Form

DCLC Fax # 763-788-5772



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: \_\_\_\_\_ ml, every \_\_\_\_\_ hours

Or

Infant Tylenol: \_\_\_\_\_ ml, every \_\_\_\_\_ hours

For teething, immunization discomfort, fever (still sent home), **Parents are contacted for permission before administering to child.** Medications brought in by the parent must be dated and labeled with the child's 1<sup>st</sup> & last name on the bottle, not the box.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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