

**Piedmont Academy, INC.**  
**126 Hwy. 212 W., PO Box 126**  
**Monticello, GA 31064**  
**(706) 468-8818 ~ [www. PiedmontAcademy.com](http://www.PiedmontAcademy.com)**

### **Child's Medical Information**

Child's Physician or Clinic Name \_\_\_\_\_  
(Child's Primary Health Source)

Telephone Number \_\_\_\_\_

Does the child have allergies or other physical problems, mental health disorders, mental retardation, or developmental disabilities that would limit the child's participation in the center's program and activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Does the child have allergies (insects, medications, foods, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Are there any special procedures required in caring for the child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify and give dates: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)