Child's File Review From

Child's Name:		DOB:	
Paren	t's Name:	<u> </u>	
Start Date:		Exit date:	
0	Admission agreement		
0	Emergency form		
0	Health history		
0	Physician's report		
0	Immunization record		
0	Consent for medical treatment		
0	Parent's rights		
0	Child's rights		
0	Photo Release		
0	ASQ/ Family intake		
Comn	nents:		