

Children's Health Care

<u>Child</u> :	
Pediatrician:	
Part of what clinic?	
Name:	
Address:	
Phone:	
Dentist:	
Name:	
Address:	
Phone:	
	Next cleaning check-up due?
Any Specialist Physician?	
Specialist's Name:	
Kind of Specialist?	
Name:	
Address:	
Phone:	

epilepsy?

Putting Our Faith Into Action

Medications:		
Pharmacy:		
Allergies:		
, morgioc.		
Is the child's medical record of	on MyChart?	
Do you have the MyChart use	ername and password on autofill or written down somewh	ere?
Username:		
Password:		

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Do your child need any medical bracelets to warn of a medical condition such as diabetes or