

Child Health Check Appointment Details

Date: **[Insert Date]**

Time: **[Insert Time]**

Location: **[Insert Clinic/Hospital Name]**

Address: **[Insert Address]**

Child's Name: **[Insert Child's Name]**

Parent/Guardian Name: **[Insert Parent/Guardian Name]**

Contact Number: **[Insert Phone Number]**

Please ensure to bring the following items:

- Health Card
- Previous Medical Records
- List of Allergies/Medications

If you have any questions, please contact us at **[Insert Contact Number]**.

Thank you!