

Health History

(Chronic or Recurring)

Ear Infections: _____
Diabetes: _____
Heart disease/defect: _____
Convulsions/seizures: _____
Asthma: _____
Nosebleeds: _____
Measles: _____
Mumps: _____
Chicken Pox: _____
Flu or Flu Shot: _____

Allergies

(Nature of Reaction)

Hay Fever: _____
Plant Poisoning: _____
Insect Stings: _____
Penicillin: _____
Other drugs: _____
Animals: _____
Food: _____
Other: _____

Operations or serious injuries (dates): _____

Is the child on any medications? (Explain): _____

If yes, please describe: _____

Physical Limitations: _____ Describe if yes: _____

Dietary Limitations: _____ Describe if yes: _____

Vision: _____ Hearing: _____

Are there any activities that you prefer that your child NOT participate in?

If so, please list: _____

I hereby give permission to _____ to call a doctor or emergency medical services and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of any emergency transportation, medical or surgical treatment.

Parent/Guardian Signatures:

Date: _____

Date: _____

