

Child's Name _____

Date of Birth _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record

GOOD HEALTH STATEMENT: One of the following must be presented when your child is admitted to the child-care operation or within one week of admission. **Please check only one option:**

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Physician Signature _____ Date _____

2. A signed and dated copy of a health care professional's statement is attached.

Name of Physician:

Address:

Phone Number:

Signature – Parent or Legal Guardian _____ Date _____

HEARING AND VISION SCREENING: **All children ages 4 and older must have a hearing and vision screening.** The below section must be completed in full or the information must be attached to this page upon admission.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Physician Signature _____		Date _____	

HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
Physician Signature _____			Date _____	

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Hospital:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian: _____

ALLERGIES: If your child has allergies to food or other substances please complete ONE of the following

1. Severe Food Allergy: My child has a severe food allergy that has been diagnosed by a health care professional and requires an epi-pen. My child is allergic to the following foods _____
 An Allergy Action Plan has been completed and is on file at the school. I have provided the necessary medications and permission to administer them if necessary. This must be updated and signed by the doctor every school year.

Signature – Parent or Legal Guardian _____ Date _____

2. My child does not have a severe food allergy but is sensitive to the following:

Foods:	Medicine:
Animals/Insects:	Plants: