

Child Information and Health Form

First Name: _____ Last Name: _____

Name Child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

Child's Schedule (Please circle the days of the week and then write in the times on the line provided)

M _____ T _____ W _____ TH _____ F _____

Photographs: May we take and maintain photos of your child for use on the web page, Facebook page, and class projects: Yes No

I hereby give the provider permission to transport my child in the provider's vehicle for the following:
 To and from School Scheduled Activities Field Trips Other _____

Child Health Assessment

Check ALL That Apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	Describe any food sensitivities, allergies or special food needed which pertain to your child while in care:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sunscreen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Illnesses or Medical Conditions:

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problem	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problem	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

List any additional health information or special instructions you feel we need to be aware of:

Name of Child's Medical Provider: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Signature

Parent's/Guardian Signature: _____ Date: _____