



Health Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Has your child had any major health concerns: Yes No If yes, please list concerns as explained by the responsible physician: _____

Has your child had any surgeries: Yes No If yes, please list dates and specifics of surgeries: _____

Has your child ever been required observation for any mental or behavioral issues? Yes No If yes, please explain: _____

Does your child have any allergies? Yes No If yes, please explain: _____

Does your child require the use of any special medications? Yes No If yes, please list medications and the purpose for their use: _____

Does your child have any special dietary needs? Yes No If yes, please explain: _____

Does your child have any debilitating or chronic health conditions that the child care staff should be aware of? Yes No If yes, please list condition and any special measures that need to be taken by the staff: _____

Child's Physician: _____

Child's Dentist: _____

Address: _____

Address: _____

Phone Number(s): _____

Phone Number(s): _____

Hospital of Choice: _____ Address & Phone: _____

Based on section 7.702.62 A1 of the *Rules Regulating Child Care Facilities*, the following information regarding my child must be provided to the facility staff for proper care and treatment of my child. To the best of my knowledge, I have provided accurate information regarding my child's health history. I understand that should a situation arise regarding health issues not listed on this form, I am required to inform the facility staff immediately. Should I chose to omit certain health information based on privacy, I understand that I cannot hold the facility liable for any care administered or lack thereof.

(Parent/Guardian Signature)

(Date)