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MEDICAL INFORMATION (Please use the back to note any additional information)

Child's Name: _____ DOB: _____ Sex: _____

Address: _____ Town: _____ Telephone # _____

Parent's Name: _____ Parent's Name: _____

Company: _____ Company: _____

Work # _____ Work # _____

Work Address: _____ town: _____

Cell # _____ Email: _____

Physician's Name: _____ Telephone # _____

Dentist's Name: _____ Telephone # _____

Hospital Preference (if possible) _____

Restrictions or Allergies: None known Yes **If Yes, Please fill out Page 2**

Please Check Yes Or No: **NO** **YES**

Has your child ever run a high fever? _____

Has your child ever had Chicken Pox? _____

Does your child have a history of ear infections? _____

Does your child have tubes in ears: _____ Left - Right - Both

Does your child have a history of repeated illness? _____

Has your child ever been hospitalized? _____

Is your child on a daily medication? _____ Name of Medication: _____

Does your child have any chronic illness? _____

Is there a family history of Sudden Infant Death Syndrome?... _____

If you have answered yes to any of the above questions please give explanation: _____

Is there anything particular we should know about your child's health or development? _____

In addition to parents, list two local emergency contacts we can call if you cannot be reached:

Call First:

Name: _____ Name: _____

Telephone # _____ Telephone # _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Relationship: _____ Relationship: _____

The above people have my permission to pick up my child in cases of illness or emergency:

Parent Signature: _____

***For your child's protection, please list name/relationship of those who may not pick up your child:** _____

I/WE GRANT PERMISSION for the staff of A Child's Garden to take whatever steps necessary to obtain emergency medical care if warranted. Emergency steps may include, but are not to be limited to the following:

1. Administering first aide.
2. Attempting to contact the child's physician.
3. Attempting to contact the parents through any of the persons listed on the emergency list. (Note it is the parents responsibility to keep emergency contacts current and up to date)

If the Staff, Director or Owner of A Child's Garden, Inc. cannot contact the parent or the child's physician, we will do the following:

1. Call another physician.
2. Call an ambulance.
3. Have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred above will be borne by the family. A Child's Garden, Inc., along with its employees, Director, officers and owners, shall not be liable for any losses or damage incurred as a result of false information provided at the time of enrollment

Parent/Guardian Signature _____ Parent/Guardian Signature _____
Date _____ Date _____

P2. 2 Medical Information for children with allergies or health conditions

Child's Name: _____ DOB: _____

The following information must be provided in detail for any health conditions, restrictions or allergies (seasonal, food, medications, bees, etc.) that your child may have. Parents are obligated to inform the administration and teachers of any changes in your child's health status, treatment and medications. Be sure and clarify all information by giving specific details.

PLEASE PRINT

Allergy/Condition: _____

Symptoms: _____

Treatment including all medications and reason for use: _____

Allergy/Condition: _____

Symptoms: _____

Treatment including all medications and reason for use: _____

Allergy/Condition: _____

Symptoms: _____

Treatment including all medications and reason for use: _____

The above plan of care was developed and discussed with my child's health care provider.

Parent's Signature: _____

Teacher's Signature: _____

Teacher's Signature: _____

Teacher's Signature: _____

Teacher's Signature: _____

Please note that an additional form will be provided if necessary to complete your child's health history. If your child has severe health issues or life threatening allergies please see an administrator to review the care plan.