

Child's Name: _____

Birth Date: _____

I _____ (name of parent) give consent for my child's healthcare provider and childcare provider to discuss my child's health concerns.

Parent's Signature: _____

Date: _____

Describe health history & medical information pertinent to routine childcare & emergencies:

_____ or None

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, illness, hospitalization or concerns with development, etc.)

_____ or None

Special Diet: _____

Allergies: _____

Type of Reaction: _____

Medical action plans need to be completed by a physician and on file for students with diagnosed allergies or asthma.

Weight: _____ Height: _____ Vision: _____ Hearing: _____ Dental Screening: _____

Date of most recent examination of child: _____

To be Completed by Healthcare Professional -

Current Medications: _____

If medications are dispensed on campus, additional permission forms are necessary and available upon request.

Any Notes: _____

Health Provider Name: _____

Address: _____ Phone: _____

Health Provider Signature: _____ Date: _____