

Country Acres Child Development Center Medical Record

Name of Child _____ Age _____ Date of Birth _____

MEDICAL HISTORY (To be completed by parent)

1. Previous Hospitalization: ☐ yes ☐ no If yes, why? _____
2. Child has an allergy (not an intolerance) to anything? ☐ Yes ☐ No If yes, to what; _____
a FOOD/OTHER ALLERGY EMERGENCY PLAN form must be filled out by a Health Care Professional before enrollment can begin.
3. Child has a food intolerance? ☐ Yes ☐ NO _____
4. Any previous diseases, illnesses or injuries? ☐ Yes ☐ no If yes, what? _____
5. Any operations? ☐ Yes ☐ no If yes, what? _____
6. Is child under a doctor's care? ☐ Yes ☐ no If yes, why? _____
7. Does your child have any special care needs? ☐ Yes ☐ no If yes, what? _____
(Please note that if your child has a special need that has been diagnosed by a professionally licensed pediatrician/doctor, we must have papers showing the diagnosis and the treatment for their special needs situation and special needs verification form from the office.)
8. Is there any medication prescribed for long-term use? ☐ Yes ☐ No (If so, please fill out a Medication Authorization form and turn in to front office. This form must be updated monthly.)
9. Does your child currently take any type of medication? ☐ Yes ☐ No If yes, Please list all of the medications your child is currently taking?

*ADMISSION REQUIREMENT:

6 WEEKS THRU 5 YEARS ONLY!

_____ ***DOCTOR'S STATEMENT:** I have examined the above named child within the past year and find that he/she is physically able to participate in a childcare program.

Physician's Signature

Date

IMMUNIZATION RECORDS ARE DUE UPON ENROLLMENT and upon each update of immunizations.

SCHOOLAGE ONLY:

PARENT'S STATEMENT: My child is enrolled at _____ public school.

My child's immunization record and vision/hearing screening are current and on file at the listed school.

School Name/Telephone number: _____

Schools Address: _____

Parent's Signature _____ Date _____

VISION/HEARING SCREENING: All children ages 4 and up who are not enrolled in a public school must obtain a vision and hearing screening from their physician. A copy must be supplied to the childcare center. Date

Received _____.