

GENERAL HEALTH APPRAISAL (2-12 years) FOR ENROLLMENT IN CHILD CARE
(completed by the health care professional)

Child's Name _____ **Birthdate** _____

Health History & Medical Information pertinent to routine child care & emergencies:

_____ None

_____ **Describe**

Special diet _____

Allergies _____

Type of reaction _____

Current medications _____

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

_____ None

Comments: include instructions to the child care providers. Separate forms are needed for routine or over the counter medications, nebulizers, inhalers, ect.(these require a health plan to be filled out by the doctor).

Date of most recent examination _____

Weight _____

Height _____

Vision _____

Hearing _____

Immunizations given or attach immunization record: _____

Health Provider Name _____ Date _____

Health Provider Signature _____

Address _____ Telephone _____

I _____ **give consent for my child's health care provider to discuss my child's**
(name of parent/legal guardian)

health concerns with my child care provider and their delegating nurse.

Parent or legal Guardian Signature

Date

