

GENERAL HEALTH APPRAISAL FORM
for Enrollment in Child Care (2-12 years)
Kohl Street Kids 825 Kohl Street, Broomfield, CO 80020
telephone 303-466-8355 ext. 4

Child's Name _____ Date of Birth _____

PARENT/GUARDIAN please complete and sign this section - required

Health History and Medical Information pertinent to routine child care:

Allergies: _____

Type of reaction: _____

Special Diet: _____

Current Medications: _____

Describe any recurring health problems (asthma, seizures, ear infections, diabetes, etc.) or concerns with development. _____

Separate forms and health plan are needed for medications, inhalers, etc. See director.

Parent Signature _____, Date _____

HEALTH CARE PROVIDER please complete after parent section is complete - as needed

Date of Last Health Appraisal: _____ Weight @ Exam _____

Physical Exam: Normal _____ Abnormal _____

Explain _____

Allergies: None or Describe _____

Type of Reaction: _____

Significant Health Concerns: _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet _____

HEALTH CARE PROVIDER SIGNATURE

This child is healthy and may participate in all routine activities in child care. Any concerns or exceptions are identified on this form.

Provider Name _____ Provider Signature _____ Date _____

Address _____ Telephone _____