

United Church of Broomfield Preschool

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 _____

Acetaminophen(Tylenol) _____ may be given for fever over 102⁰ or pain every 4 hours as needed
(amount)

Note: No more than a 3 day period, without medical authorization

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development? _____ None

Comments: (include instructions to the child care provider(s))

Date _____ **of most recent examination** of child (note: within the last 12 months)

Weight _____ Height _____

Vision _____ Hearing _____ Dental Screening _____

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 &**
(name of parent/legal guardian)

child care provider to discuss my child's health concerns.

Parent or Legal Guardian Signature

Date