Peter Pan

y Sus Amigos Preschool

Forms 8

CHILD MEDICAL INFORMATION

To be filled out by parents

Child's Name _____ Date _____

Parent or Legal Guardian _____

Parent or Legal Guardian _____

Discuss in detail any health problems, special needs, medical history, medications, sensitivities, or allergies your child may have or has had in the past. If you need more space, please use the back of this form.

Allergies Y or N.

_____
_____
_____
_____

Physicians Information:

_____
(Name)

_____
(Address)

_____
(City/State/Zip)

_____
(Phone)

Dentist Information:

_____
(Name)

_____
(Address)

_____
(City/State/Zip)

_____
(Phone)

HEALTH HISTORY
(Chronic or Recurring)

Ear Infections: _____
Diabetes: _____
Heart Disease/defect: _____
Convulsions/Seizures: _____
Asthma: _____
Nosebleeds: _____
Measles: _____
Chicken Pox: _____
Flu or Flu Shot: _____

ALLERGIES
(Nature of Reaction)

Hay Fever: _____
Plant Poisoning: _____
Insect Stings: _____
Penicillin: _____
Other Drugs: _____
Animals: _____
Food: _____
Other: _____

Operations or serious injuries (dates):
_____

Is your child on any medications? (Explain):
_____

If yes, please describe:
_____

Physical Limitations: _____ Describe if yes; _____

Dietary Limitations: _____ Describe if yes: _____

Vision: _____ Hearing: _____

Dental: _____

Are there any activities that you prefer that your child NOT participate in?

If so, please list:
_____

I hereby give permission to Peter Pan y sus Amigos to call a doctor or emergency medical services and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed.

Parent/Guardian Signatures

_____ Date: _____

_____ Date: _____