



# HANDS Child Health History & Written Consent

Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**HEALTH HISTORY:** Please put ✓ in all items that apply to your child's health history. Has or does the child have health concerns in the following areas.

- |   |   |
|---|---|
| <input type="checkbox"/> Hay fever, asthma, or wheezing | <input type="checkbox"/> Chicken pox  |
| <input type="checkbox"/> Eczema or frequent skin rashes | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Convulsions / Seizures         | <input type="checkbox"/> Trouble with passing urine / bowel movement                    |
| <input type="checkbox"/> Heart condition                | <input type="checkbox"/> Frequent colds, sore throats, earaches, tonsillitis, pneumonia |

## FOOD ALLERGIES:

Name of Food: _____	EXPLAIN: _____
Name of Food: _____	EXPLAIN: _____
Name of Food: _____	EXPLAIN: _____

## NON-FOOD ALLERGIES (Animal / Environmental, etc.):

Non-Food: \_\_\_\_\_

Non-Food: \_\_\_\_\_

Non-Food: \_\_\_\_\_

## OTHER HEALTH CONCERNS (special disabilities):

Concern or Disability: \_\_\_\_\_

Concern or Disability: \_\_\_\_\_

Concern or Disability: \_\_\_\_\_

**NON-INGESTIBLE OVER THE COUNTER MEDICATION** ~ HANDS is authorized to administer Insect Repellent & Bug Spray to my child. HANDS does not administer "Over-the-Counter" medications. HANDS will administer Sunscreen & Bug Spray ONLY. If parent chooses to "provide", please give to HANDS staff with the child's name written on the Insect Repellent or Bug Spray.

- |   |   |
|---|---|
| <input type="checkbox"/> Insect Repellent (Do NOT administer) | <input type="checkbox"/> Insect Repellent (Parent will provide) |
| <input type="checkbox"/> Bug Spray (Do NOT administer)        | <input type="checkbox"/> Bug Spray (Parent will provide)        |

**TRANSPORTATION AUTHORIZATION:** HANDS typically does not leave the center during the school year.

- In the case of an emergency that HANDS must evacuate the premises, parents/guardians authorize HANDS to take the child off the premises to a safe predesignated location.
- If you sign your child up for the HANDS Summer Program, you are authoring HANDS to take your child on field trips away from the HANDS center.

Primary Payer Signature: \_\_\_\_\_ Date: \_\_\_\_\_