



# CHILD CARE Health Information

1234 NE Riddell Road Bremerton, WA 98310 Office: (360) 373-2116 Fax: (360) 377-0686 www.peacebremerton.org

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

This information is required by the Washington Administrative Code and must be completed. If you are a member of an HMO or use the Naval Hospital facilities and do not have a regular pediatrician your child sees, please provide the name of the last doctor that treated your child.

Physician's Name:	Phone:	Provide Complete Address of Physician
Street:	City:	Zip:
Dentist's Name:	Phone:	Provide Complete Address of Dentist:
Street:	City:	Zip:
Date of Last Physical Exam:	Date of Last Dental Exam:	
Insurance Information:	Preferred Hospital:	
Allergies to medications:	Allergies to foods:	
Is your child on any medication?	What type and for what condition?	

Does your child have or has he/she had:	YES	NO	DATES
Asthma			
Convulsions or Fainting			
Diabetes			
Frequent Sprains or Dislocations			
Operations			
Hospitalizations			
Heart Disease			
Serious Injuries or Concussions			
Ear Infections			
Anemia			
Measles, 3-day Measles			
Chicken Pox			
Mumps			
Whooping Cough			
Rheumatic Fever			
Scarlet Fever			
Scarlatina			
Other (be specific)			

I, \_\_\_\_\_, (parent or legal guardian) hereby give permission for my child \_\_\_\_\_, to be given emergency treatment to include First Aid and CPR by a qualified staff member of Peace Lutheran. I further authorize and consent to medical, surgical, hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by either an ambulance or aid car to an emergency treatment facility in the event I cannot be contacted or I am unable to transport my child personally.

Immunization Forms and this Health Information Form **must** be completed, up to date and on file in the child's record. Admittance to the Child Care cannot be permitted until these records are on file in the Peace Lutheran Child Care office **and** Peace Lutheran School office. By state law, medications of any kind (including cough drops, sunscreen and chapstick) given at the Child Care must have written permission from the parent. Prescription medications must be in the original container. All medication brought from home must be kept in the school office. **Please do not send medication in your child's lunch box or backpack. A Medication Form must be filled out for any medication given to a child by a school official.** This form is available in the school office. All medications will be administered in the School Nurse's Office and only by the School Administrator, Child Care Director or a person designated by the Director.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_