



GENERAL HEALTH APPRAISAL (2-12 years) FOR ENROLLMENT IN CHILD CARE
(Completed by your 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) _____ (amount) may be given for fever over 102 or pain every 4 hours as needed

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development?

_____ None

_____ Describe _____

Comments (for child care provider(s))

Date of most recent examination _____

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

Parent/Guardian Signature _____ Date _____