

Small World Learning Center

HEALTH HISTORY AND AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

Child's Physician (required) _____

Address _____ City / State / ZIP _____

Phone _____ Date of last physical examination _____

Allergies _____ Sight or hearing problems Yes No

Has your child had any of the diseases below?

Measles No Yes Date _____

Scarlet Fever No Yes Date _____

Mumps No Yes Date _____

German Measles No Yes Date _____

Bronchitis No Yes Date _____

Whooping Cough No Yes Date _____

Chicken Pox No Yes Date _____

Hepatitis No Yes Date _____

Has your child had any other illnesses? _____

Has your child ever been hospitalized? No Yes Why? _____

Child's Dentist (required) _____

Address _____ City / State / ZIP _____

Phone _____ Date of last physical examination _____

Emergency Contact other than Parents

Name _____ Cell / Pager _____

Name _____ Cell / Pager _____

Insurance Carrier _____ Group # _____

I hereby authorize the staff and Director representing Small World Learning Center to give consent for any and all necessary emergency medical and First Aid care, and/or transport my child by ambulance to a medical facility, including nursing staff and physicians, to treat my child while said child is in said individual custody.

Parent/Guardian Signature _____ Date _____

These forms must be completed and returned to Small World Learning Center on or before the first day of your child's attendance.