

Health and Medical Information

Immunizations up to date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any physical conditions that we should be aware of? If yes, describe the condition and list what precautions should be taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child take any medications? If yes, please list each medication:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any speech, hearing, or vision problems? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other concerns?		

☐Yes ☐No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, sunburn treatments, band-aids, and liquid Band-Aids.

☐Yes ☐No I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, etc.

☐Yes ☐No I authorize use of pain relievers such as acetaminophen or ibuprofen.

The following information will be used in case of medical emergency and the preschool is unable to get ahold of any emergency contacts:

Child's Doctor:	Phone Number:
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Printed Name: _____ Signature: _____ Date: _____