



# **SICK KID INTAKE FORM**

**PLEASE COMPLETE FORM AND EMAIL TO  
DANIELLE@RESILIENTEMS.COM**

# SICK KID INTAKE FORM



DATE:

## SICK KID PATIENT INFORMATION

Sick Nannie Date Requested:	Time Requested:
<input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day

## SICK KID PATIENT INFORMATION

Full Name of Sick Kid:	Height:
Date of Birth:	Weight:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Age:

## REASON FOR TODAY'S SICK KID VISIT

- Symptoms/Concerns: \_\_\_\_\_
- Duration of Symptoms: \_\_\_\_\_
- Previous Treatments (if any): \_\_\_\_\_
- Has your Sick Kid been seen by a doctor for this illness/injury? ☐ Yes ☐ No (please specify) \_\_\_\_\_

## SICK KID PARENT/GUARDIAN INFORMATION

Full Name of Parent:	Address:
Phone #:	Email Address:
Emergency Contact:	Emergency Contact Phone #:

## SICK KID INSURANCE INFORMATION

Sick Kid Insurance Provider:	Policy Number:
Preferred Hospital:	City/State:

## SICK KID DOCTOR INFORMATION

Sick Kid Pediatrician:	Phone #
Pediatrician Address:	City/State:

## SICK KID VACCINATION HISTORY

- Is your Sick Kid vaccainated? ☐ Yes ☐ No (If no, please specify) \_\_\_\_\_

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## SICK KID MEDICAL HISTORY

- Do your Sick Kid have any chronic illnesses? ☐ Yes ☐ No (If yes, please specify)

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- Has your Sick Kid had any major surgeries? ☐ Yes ☐ No (If yes, please specify)

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- Is your Sick Kid currently taking any medications? ☐ Yes ☐ No

Medication Name: 

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- Does your Sick Kid have any allergies? ☐ Yes ☐ No (If yes, please specify)

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- Does your Sick Kid have a fever today? ☐ Yes ☐ No (If yes, please specify)

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- Has your Sick Kid been in therapy within the last year? ☐ Yes ☐ No (If yes, please specify)

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## INFO DANIE THE SICK KID NANNIE SHOULD KNOW

Share any other health details, allergies, or special needs that will help Danie The Sick Kid Nannie give your child the best care possible.

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# SICK KID INTAKE FORM



## SICK KID HOME SAFETY & ENVIRONMENT

### Pets in the Home

Do you have pets? (Yes/No)

If yes, what type(s)? \_\_\_\_\_

\*All pet will need to be secured during care

### Household Members

How many adults will be present in the home during care? \_\_\_\_\_

Ages? \_\_\_\_\_ Relationship to Sick Kid: \_\_\_\_\_

Will there be any other children present besides the sick child? \_\_\_\_\_

### Home Safety

Does your home have working smoke detectors and carbon monoxide detectors? (Yes/No)

### Accessibility & Entry

How will Danie The Sick Kid Nannie enter the home? (Front door, side door, code, etc.)

\_\_\_\_\_

Are there any special instructions for parking or entering safely?

\_\_\_\_\_

### Environment for Care

Will there be a quiet, comfortable space for your child to rest while receiving care? (Yes/No)

Is there Wi-Fi available if needed for telehealth communication? (Yes/No)

### Allergens / Hazards

Are there any known allergens in the home (e.g., smoke, strong fragrances, chemicals)?

\_\_\_\_\_

Are there any safety hazards in the home that Danie The Sick Kid Nannie should be aware of?

\_\_\_\_\_

### Acknowledgment of Home Safety ☒

I confirm that the information provided above is accurate to the best of my knowledge. I agree to maintain a safe environment during in-home care and understand that failure to disclose potential hazards (pets, allergens, unsafe conditions, etc.) may impact the ability to provide services.

**Required Checkbox:** ☐

I have read and agree.

**SIGNATURE** (TYPE FULL NAME): \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SICK KID INTAKE FORM



## SICK KID COMFORT & CARE PREFERENCES

### Food Allergies or Dietary Restrictions

- ☐ None
- ☐ Yes (please list): \_\_\_\_\_

### Comfort Foods You Approve for Your Child (check all that apply):

- ☐ Soup
- ☐ Crackers
- ☐ Ice pops
- ☐ Ginger ale
- ☐ Herbal tea (caffeine-free)
- ☐ Other: \_\_\_\_\_

### Would you prefer to provide your own comfort foods/snacks?

- ☐ Yes
- ☐ No, I'm comfortable with Danie providing approved comfort foods

### If your child develops discomfort (fever, pain, headache, sore throat), do you authorize over-the-counter (OTC) comfort medications if needed?

(Check all that apply)

- ☐ Children's Acetaminophen (Tylenol)
- ☐ Children's Ibuprofen (Motrin/Advil)
- ☐ Children's cough drops/throat lozenges
- ☐ Rehydration drinks (Pedialyte/Gatorade)
- ☐ None — please contact me first
- ☐ Other: \_\_\_\_\_

### Preferred Contact for Updates/Emergencies

- ☐ Call
- ☐ Text
- ☐ Email

### Getting to Know Your Sick Kid

This is your chance to share a little extra—favorite shows, comfort items, quirks, or anything that helps Danie The Sick Kid Nannie care for your child and make them feel cozy while they're not feeling their best

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## CONSENT AND ACKNOWLEDGMENT

### Parent/Guardian Consent

I authorize Danie the Sick Kid Nannie to provide the approved comfort foods and/or over-the-counter medications listed above while my child is in care. I understand that Danie will contact me immediately for any major concerns or if additional approval is needed.

- ☐ I understand that Danie the Sick Kid Nannie provides in-home sick childcare for minor illness and injury only.
- ☐ This service is not a substitute for medical treatment, and emergency services may be contacted if my child's condition worsens.
- ☐ I authorize Danie to provide reasonable first aid, monitor my child's symptoms, and contact emergency services if necessary.
- ☐ I release Danie the Sick Kid Nannie from liability for medical complications that may arise due to my child's existing condition.

**⚠ Disclaimer:** Danie the Sick Kid Nannie provides in-home comfort care and minor illness support only. This service is not a substitute for medical care. If your child's condition worsens or an emergency arises, 911 and/or your preferred hospital will be contacted immediately.

**PARENT/GUARDIAN NAME:**

**SIGNATURE:**

**DATE:**