

ST. THERESE EARLY EDUCATION CENTER
2016-2017 Confidential Health Information

Child's Name: _____ Date of Birth: _____

Child's Pediatrician: _____ Phone: _____

Official documentation (photocopy of child's immunization record) noting that the child is current on immunizations must be on file with the center before s/he is permitted to enroll or attend. To remain in the program, children who are "in progress" must receive immunizations as soon as they become due. Religious and medical exemptions will be allowed with the proper form on file.

Medical Insurance Company Covering Child: _____

Policy Holder: _____ Policy# _____ Group# _____

Hospital preference in case of emergency: _____

Child's Dentist: _____ Phone: _____

Medical History/Conditions:

Check all that apply	Relevant information	List medications currently taking for this condition
<input type="checkbox"/> Food Allergy*		
<input type="checkbox"/> Medication Allergy		
<input type="checkbox"/> Seasonal Allergy		
<input type="checkbox"/> Asthma/respiratory condition**		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Hearing Problem		
<input type="checkbox"/> Heart Condition		
<input type="checkbox"/> Neuromuscular condition		
<input type="checkbox"/> Seizures/Epilepsy		
<input type="checkbox"/> Vision Problem		
<input type="checkbox"/> Other		

*Requires physician notation on the *Child Medical Examination Report* and completion of the *Child Food Allergy Action Plan*.

**Requires completion of the *Child Asthma Action Plan*.

In the event of an emergency:

- I authorize the staff of St. Therese Early Education Center to provide any first aid care deemed necessary for my child.
- I authorize the transfer of my child and their health records to the nearest hospital.
- I authorize any member of the staff assigned responsibility for the care and education of my child to have access to my child's health records as deemed appropriate.

Parent/Guardian Signature

Date