

CHILD HEALTH INFORMATION

Identifying Information

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Ontario Health Card # _____

Family Physician's Name: _____ Telephone Number: _____

Physician's Address: _____

Immunizations

Are your child's immunizations up to date? Y N

Please give a copy of your child's immunization card to a day nursery staff member or complete the "Child Immunization Record" form.

Previous Illnesses or Injuries (Example: chickenpox, operations, broken limbs)

Health Conditions

Does your child have special health conditions including physical or mental challenges? Y N

If yes, complete the "Detailed Health Information" form.

Allergies (Example: to food, medications or environment)

Yes _____ None known

Does your child require any medication for this allergy? Y N

If yes, complete the "Detailed Health Information" form

Special Requirements (for diet, exercise or rest)

Parent's Name (print)

Signature

Date (d/m/y)