

Child Health Assessment

(One form for each child enrolled)

Child Name: _____ Birth Date ___/___/___

Check All That Apply:

Does your child have any known allergies or sensitivities to:

	Yes	No	If yes, please list
Medications			
Foods			
Other			

Illnesses or Medical Conditions:

Does your child have any of the following conditions?

	Yes	No		Yes	No
Asthma			Visual Impairment		
Diabetes			Developmental Delays		
Seizures			Physical Impairment		
Heart Problems			Behavioral or Emotional Problems		
Hearing Impairment			Other		

List any regular medications your child takes:

List any additional health information or special instructions you feel we need to be aware of:

Topical Ointments

Sunscreen will be applied by Center staff before afternoon outside time as needed. If additional non-prescription ointments are needed, please include below. These ointments are parent provided, should be clearly labeled with your child's name, and will be kept at the Center for the duration of the semester.

Type of Ointment	Application Instructions (apply where and when)
Lotion (parent provided)	
Diaper Cream (parent provided)	
Other	

I give permission for Wee Care staff to apply topical ointment while my child is in their care. I authorize Wee Care personnel to seek treatment for my child in the event of a medical emergency. I also authorize medical information to be shared with emergency medical professionals and other necessary service providers.

 Parent/Guardian Signature

_____/_____/_____
 Date