UVU WEE CARE CENTER
UTAH VALLEY UNIVERSITY

# Child Health Assessment

(One form for each child)

**Child Name** _____ **Birthdate** _____

I authorize the child care staff and my health professional to communicate directly if needed to clarify information on this form about my child. I also authorize Wee Care personnel to seek medical treatment for my child in the event of a medical emergency.
Parent's signature Date

THIS DOCUMENT PROVIDES VALUABLE INFORMATION PERTINENT TO ROUTINE CHILDCARE AND DIAGNOSIS TREATMENT IN AN EMERGENCY. PLEASE ANSWER ALL SECTIONS.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILDCARE AND DIAGNOSIS TREATMENT IN AN EMERGENCY. Describe any medical conditions you child has such as, asthma, diabetes, seizures, developmental delays, physical impairments, behavioral or emotional problems.

☐ None

DESCRIBE ALL MEDICATION AND/OR ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND/OR SPECIAL DIET. The Wee Care Center will only administer life saving medications such as EpiPens, inhalers, insulin, etc. If your child requires life saving medications you will need to meet with the administration to give instruction on administrating medication(s). All medications a child receives should be listed below in the event the child requires emergency medical care. Attach additional sheets if necessary.

☐ None

CHILD ALLERGIES OR SENSITIVITY TO FOODS (Describe the treatment/ special diet that will be required if any). If your child has allergies to dairy, gluten products, or requires a vegan diet you will need to talk with the Operations Manager to discuss what accommodations can be made.

☐ None

LIST ANY HEALTH CONCERNS OR SPECIAL ABILITIES AND RECOMMENDED TREATMENT/ SERVICE. Attach any additional sheets if necessary to describe the plan of care that should be followed for the child. Including indication of special training required for staff, equipment, and provision for emergencies. If your child has special abilities you will need to meet with the administration to determine if we can provide the care your child requires.

☐ None

TOPICAL OINTMENTS & SUNSCREEN AUTHORIZATION

**Sunscreen:** Wee Care Center does **not provide sunscreen**. If you would like staff to apply sunscreen to your child, you must list the sunscreen below, provide sunscreen
and leave it at the Center for the Duration of the semester.
LIST THE NAME AND APPLICATION INSTRUCTIONS FOR EACH OINTMENT YOU WILL BE SUPPLYING.

I give permission to the Wee Care Center to apply the following parent provided ointments that are CLEARLY LABELED WITH MY CHILD'S NAME. Please note that ointments will be kept at the Center for the duration of the semester.

☐ None

Ointment #1

Ointment #2

Ointment #3