

Health History

Child's name _____

Mother's due date _____ Child's date of birth _____

What illness has your child had? (chick pox, strep throat, measles, etc.)

Any cold this past year: _____

Ear infections: _____ frequency _____ Tubes _____

Sinus infections _____ frequency _____ adenoid surgery _____ Tonsillectomy _____

Any allergies (food, medicine, insect bites)

Any drug reactions

Surgeries, accidents, illnesses or special problems or needs we should know about

Hospital preferred

What arrangements will you make for your child's care during illness

****PARENTS PROVIDE THE FOLLOWING ITEMS IN ORIGINAL CONTAINER****

Sunscreen, Diaper Ointments, Lotions, and all Medications

please initials for permission to dispense:

_____ Sunscreen

_____ Teething medications

_____ Diaper ointments

_____ Vaseline

_____ Tylenol or Motrin

_____ Neosporin

_____ Peroxide

I hereby give Always Bettering Children Daycare permission to dispense special care treatments to my child while in their care

Please provide a copy of the child's birth certificate card and medical insurance card.