

## 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.