

Child's Health Resume

(Required Form)

Child Care Regulation 35 requires every licensee to keep a record with respect to each child attending the facility that includes: (a) child's name and date of birth, (b) names, addresses and telephones numbers of the child's parents, persons to contact in the case of an emergency and the child's medical practitioner, (c) any allergies. illness or other medical condition, and (d) the child's immunization status.

Note: Personal health information may be disclosed by the facility to the Department of Learning in the course of reviewing the facility's record keeping obligations.

Child's name: Starting Date: /	,
Mother's name: Father's name:	
Home Address: Home Address: Postal Code:	
Home Address: Home Address: Postal Code:	
Postal Code: Postal Code: Home phone: Home phone: Place of business: Place of business: Place of business: Place of business phone: Are both parents listed above authorized to remove the child from the child care facility? Yes No Comments: + In case of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone: Phone: Phone: Phone: Postal Code: Postal Code: Postal Code: Postal Code: Phone: Phone: Phone: Postal Code: Phone: Phone: Phone: Phone: Phone: Postal Code: Phone:	
Home phone: Home phone: Place of business: Place of business: Place of business: Place of business phone: Business phone: Business phone: Place of business:	
Place of business: Place of business: Business phone: Business phone: Business phone: Place of business:	
Business phone: Business phone: Business phone: Hoo Comments: + Business of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone: Business phone: Address: Phone: Business phone:	
Are both parents listed above authorized to remove the child from the child care facility? Comments: + In case of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone:	
Comments:+ In case of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone:	
In case of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone:	
In case of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone:	
In case of emergency, the child care service will contact the following physician for medical treatment: Physician's name: Address: Phone:	
Physician's name: Address: Phone:	
Address: Phone:	
Phone:	
Describe the manner of two other manners to contact in case of amountains	
1. Name: 2. Name:	
Relationship: Relationship:	
Home phone: Home phone:	
Business phone: Business phone:	
Ma Paul I Patama	
Medical History Check (✓) any of the following illnesses which the child has had:	
☐ Asthma ☐ Earaches ☐ Mumps ☐ Whooping cough	
☐ Bronchitis ☐ Eczema ☐ Pneumonia ☐ Injuries - please list	
☐ Chicken pox ☐ Frequent colds ☐ Polio ☐ Injunes - please list ☐	
☐ Croup ☐ Measles (German) ☐ Scarlet fever	

7809 Rev.07/03 (over)

Are your child's immunizations up to date?
Allergies
Does your child have any known drug allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?
Does your child have any other allergies? □Yes □No If Yes, what are they and what are your child's reactions?
Other Medical Information
Does your child take any medication on a regular basis? Yes No If Yes, please give the name of the medication and the medical condition for which it is taken.
Was your child born prematurely? □Yes □No If Yes, how many weeks?
Do you have any concerns about your child's development? Yes No If Yes, please comment
Are there any restrictions on the kind and/or amount of physical activity in which your child may participate? Yes No If Yes, please identify.
Has your child ever undergone surgery? □Yes □ No If Yes, please list
Are there any special diets necessary for your child's health?
Please comment on any other medical information the child care service should be aware of:



