

General Health Appraisal (2-12 years) for Enrollment in Child Care
(Completed by the Health Care Professional)

Child's Name _____ Birth date _____

Health History & Medical Information pertinent to routine child care & emergencies:

_____ None

_____ Describe:

Special Diet _____

Allergies _____ Type of Reaction _____

Current Medications _____

Acetaminophen (Tylenol) _____ may be given for fever over 102 degrees or pain
(Amount)

every 4 hours as needed. Note: No more than a 3 day period, without medical authorization

Describe any recurrent health problems (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development. NONE _____

Comments: (Include instructions to the child care provider(s))

Date _____ of most recent examination of child (note: within the last 12 months)

Weight _____ Height _____

Vision _____ Hearing _____ Dental Screening _____

Immunizations given or attach immunization record: _____

Health Provider Name _____ Date _____

Health Provider Signature _____

Address _____ Telephone _____

I _____ give consent for my child's health care provider & child
(Name of parent/guardian)
care provider to discuss my child's health concerns.

Parent or Legal Guardian Signature

Date