

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Last Physical Examination \_\_\_\_\_

Illnesses: *(please circle)*

**Does your child have any problems with any of these?**

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Frequent Sore Throats
- Frequent Vomiting
- Lice
- Ringworm
- Skin Rash
- Soiling
- Stomach Upsets
- Urinary Problem
- Worms

**Has your child had any of these diseases?**

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Hand, Foot & Mouth Disease
- Heart Disease
- Hepatitis
- Impetigo
- Measles
- Mumps
- German Measles
- Polio
- Scarlet Fever
- Tuberculosis
- Whooping Cough

Other illnesses? *(besides above)* \_\_\_\_\_

Has your child been hospitalized? *(explain)* \_\_\_\_\_

Has your child had injuries with fractures or loss of consciousness? *(explain)*

\_\_\_\_\_  
\_\_\_\_\_

Last Vision Test Date \_\_\_\_\_

Last Hearing Test Date \_\_\_\_\_

Last Dentist Visit Date \_\_\_\_\_

Any other members of your family with serious illness recently? \_\_\_\_\_

Any other members of your family history of: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

I understand that it is my responsibility to update this form in the event medical information changes. I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_