

HILLVIEW NURSERY SCHOOL MEDICAL INFORMATION FORM

Child's Name _____ Date _____

Immunization Record- **Child must be up to date with all Immunizations to attend Hillview**
You may attach record from your Doctor

DPT _____ Polio _____ TB _____

Mumps _____ Measles _____ Rubella _____

HIB _____ Hepatitis _____ Chicken Pox _____

Has your child had any serious operations, illnesses or childhood diseases? If so, please explain.

Does your child have any allergies? If so, please explain. _____

Parents of children with certain food allergies will be required to provide their child's daily snack to ensure no cross-contamination.

Does your child take any medication on a regular basis? If so, please explain. _____

Does your child have any physical problems which might affect his/her performance or attendance? If so, please explain.

If you have answered "yes" to any of the questions above you may be required to fill out an "action plan" for your child's conditions so that we will be well-equipped to accommodate your child in the event of an emergency. Enclosed are action plans for our most common conditions and they will need to be returned at the time of your conference.

*** All students are required to have health insurance****

Insurance provider: _____

Physician's Name: _____

Address: _____

Phone: _____

**Physician's signature _____

May your child have Benadryl in the event of an insect bite or bee sting? (yes/no) _____

For permission to administer other medications such as Diastat, Epi-Pen, and Nebulizers/Inhalers please fill out below.

PERMISSION TO ADMINISTER MEDICINE

I, the undersigned parent/guardian, give my consent to have my child _____, receive first aid by facility staff, and if necessary be transported to receive emergency medical or dental treatment at the nearest hospital treatment facility. I give consent for the emergency contact person listed above to act in my behalf until I am available. I agree to review and update this information whenever a change occurs.

Signature of parent or guardian _____

Signature of parent or guardian