

Friends Day Care – Health & General Information Form

(All information will be treated confidentially)

Health Information

Child's Full Name: _____

Date of birth: _____

Place of birth: _____

Child's Doctor: _____

Dr's Address: _____

Dr's Tel: _____

Does your child have any known allergies? Please explain _____

Date of last allergy testing (if any): _____

Does your child require any emergency allergy/asthma medication to be kept at daycare? :

Does your child have any special dietary requirements (medical, ethical or religious reasons)? :

Has your child had any illnesses, surgeries or pre-existing conditions? _____

General Information

Please tell us about the people who live with your child:

NAME	AGE	RELATIONSHIP TO CHILD

What languages are spoken in the home? _____

Does your child have a special toy/blanket at nap time? _____

What activities does your child most enjoy? _____

EMERGENCY TRANSPORTATION:

In the event of serious injury, I _____ hereby consent for my child _____ to be taken to the nearest emergency room by ambulance, accompanied by a daycare staff member. I give permission for any emergency medical treatment or procedure (including anesthesia or emergency surgery) deemed necessary by emergency personnel (i.e fire officer, ambulance, paramedic or physician).

Signature of Parent/Guardian: _____

Date: _____

Is there any other health information which you could provide that could be useful in an emergency? _____

Daily Outings:

I give permission for my child to leave daycare premises, accompanied by daycare staff, for local walks (library, fire hall, playgrounds etc):

Signature of Parent/Guardian: _____

Date: _____