

Health assessment

Child's name: _____ Date of birth: _____

List all known allergies, food sensitivities, and/or medical dietary restrictions your child has. Provide any applicable care instructions.

[illegible]

Chronic medical conditions

List all diagnosed chronic medical conditions and provide applicable care instructions.

Current medications

List all medications your child is currently prescribed/taking. If any medication needs to be administered to your child while in day care, a separate medication permission form must be completed.



Special or nonroutine health care instructions

List any other special or nonroutine care instructions that may apply to your child. Additional documentation and doctor's notes may be attached to this form if necessary.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Signatures

By signing this form, you indicate that all of the information provided is accurate (additional signature spaces are provided for parents to verify that all information is accurate during annual reviews).

Parent signature:	_____	Date signed:	_____
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