



Your Child's Health

Immunization Record

Is your child's immunization up-to-date? Yes No

DPT Date: _____

Polio Date: _____

Hib Date: _____ Parent/Guardian Signature: _____

MMR Date: _____ Driver's License: _____

Has your child been in contact with any communicable disease/viruses in the last 30 days? Yes No

If 'yes', please specify: _____

Communicable disease that your child has had:

- Measles Rubella Roseola Whooping Cough Scarlet Fever
- Croup Pneumonia Mumps Chicken Pox Other: _____

Does your child have any health problems of which we should be aware? (Ex. Asthma, allergies, convulsions, visual/emotional/hearing disability) Yes No

If 'yes', please specify: _____

A Doctor's note may be required.

Does your child have any long-term medical problems or does your child require any long-term medication? Yes No

If 'yes', please specify: _____

Is your child taking any medication that the childcare staff may be required to administer? Yes No

If 'yes', please specify: _____

Has your child had any serious illnesses, operations or injuries? Yes No

If 'yes', please specify: _____

We will see to it that your child is looked after to the best of our staff's abilities, but accidents do have a way of happening. We require your signature to relieve us of all liabilities (except where gross negligence is involved) should anything happen to your child while on the premises or in the care of.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____