

GENERAL HEALTH APPRAISAL (2-12 years) FOR ENROLLMENT IN CHILD CARE  
(completed by the Health Care Professional)

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Health History & Medical Information pertinent to routine child care & emergencies:

\_\_\_\_ None  
\_\_\_\_ Describe:

Special diet \_\_\_\_\_

Allergies \_\_\_\_\_ Type of reaction \_\_\_\_\_

Current medications \_\_\_\_\_

Acetaminophen (Tylenol) \_\_\_\_\_ may be given for fever over 102° or pain every 4 hours as needed  
(amount)

Note: No more than a 3 day period, without medical authorization

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development? \_\_\_\_\_ None

Comments: (include instructions to the child care provider(s))  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ of most recent examination of child (note: within the last 12 months)

Weight \_\_\_\_\_ Height \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Dental Screening \_\_\_\_\_

Immunizations given or attach immunization record: \_\_\_\_\_

Health Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Health Provider Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I \_\_\_\_\_ give consent for my child's health care provider &  
(name of parent/legal guardian)

child care provider to discuss my child's health concerns.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date