Kids Day Out
FBC Brownwood

Child's Health Record

Child's Name _____ Birth Date _____

Allergies (list): _____

Medical History:
Has your child ever had: Measles _____ Mumps _____ Chicken Pox _____

Whooping Cough _____ Flu _____ Meningitis _____ Other: _____

Is there any history of:

Hearing loss or difficulties _____ Vision difficulties _____ Speech difficulties _____
List any:
Hospitalizations _____ Operations _____

_____

Other serious illnesses (i.e. convulsions, concussions) _____

Does your child have any special needs? Explain:_____

Is your child free from communicable disease?_____

List any medications or drugs taken regularly _____

Remarks regarding physical condition _____

The above information is correct as of (date) _____

Name of Physician _____

Address_____

Phone Number _____

Are all immunizations up to date? ____ Yes ____ No If no, indicate reason _____

_____

Each child will need to have a copy of their immunization record on file with us. Failure to provide this information will result with the suspension from the KDO program until records are submitted. No tuition will be refunded.

In case of minor injury to my child, I give permission for the KDO Director to administer first aide as she deems necessary. I will receive a note
to explain the injury and steps taken.

____ Yes, I do give permission ___ No, I do not give permission

Parent/Guardian's Signature_____

Child's Name _____ Date_____