

# DAY CARE / NURSERY SCHOOL HEALTH AND MEDICAL INFORMATION FORM

Dear Parent/Guardian:

Please provide any information regarding

- Chronic medical problems (eg. diabetes, asthma, epilepsy or other diseases)
- Impairments or disabilities (eg. Vision, hearing, speech)
- Allergies (eg. Drug, food, insect bites, pets and animals, environmental)
- Routine medications (eg. Phenobarbital, Ritalin, etc.), please indicate dosage and frequency

**Child's Name:** .....

Chronic medical problems:      YES              NO

Please describe: .....

.....

Impairments or disabilities:      YES              NO

Please describe: .....

.....

Allergies:                              YES              NO

Please describe: .....

.....

Routine Medications:              YES              NO

Please describe: .....

.....

Date: .....

NOTE: This form to be kept on file at the Day Care / Nursery School only.