

HEALTH RECORD

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_

Check illnesses child has had:

Measles \_\_\_\_\_ German Measles \_\_\_\_\_ Chickenpox \_\_\_\_\_ Mumps \_\_\_\_\_  
Scarlet Fever \_\_\_\_\_ Strep Throat \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

What vaccinations has your child received, if any?

DPT \_\_\_\_\_ DT \_\_\_\_\_ Hib \_\_\_\_\_ HeB \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_

What, if any, reactions to the vaccinations has your child experienced? \_\_\_\_\_

Allergies: Indicate Type \_\_\_\_\_ Drug reaction \_\_\_\_\_

Contact with TB \_\_\_\_\_

If tuberculin test given: Date \_\_\_\_\_ Result \_\_\_\_\_

Surgery, accidents, other illnesses or special problems \_\_\_\_\_

Physical finding (includes, if tested, vision and hearing) \_\_\_\_\_

Comments and recommendations for teacher/director: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION

I hereby give my permission to Noah's Park Christian Preschool to call a doctor for medical or surgical care for my child or to have my child taken to a hospital by ambulance, should an emergency arise and it is deemed necessary by the school. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us.

I also give permission for my child to attend occasional walks and field trips away from the school site. I understand notices will be sent home in advance of field trips (not walks). I further understand that the children will be transported by staff members and/or parents and that each child will ride with a seat belt fastened.

I also grant permission for my child to participate in video and audio-tape recordings, pictures of classroom procedures, etc. for use in any media produced by or on behalf of Noah's Park Christian Preschool of Aberdeen.

I understand that Noah's Park Christian Preschool may provide classroom experience for student teachers and interns and agree that student teachers and interns may be a part of my child's classroom environment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_