

# Early Learning Center Health Information

Please print all information clearly.



<b>Child 's First Name</b>		<b>Child's Last Name</b>	
<b>Date of Birth</b>	<b>Current Age</b>	<b>Grade in Fall 2015</b>	<b>Gender</b>
			Male      Female
<b>Home Address:</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Child Lives with: (Please circle selection.)</b>			
Both Parents	Mother	Father	Guardian
<b>Parent/Guardian Full Name:</b>			
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	
<b>Emergency Contacts:</b>			
<b>Name</b>		<b>Phone</b>	
<b>Name</b>		<b>Phone</b>	
<b>Name</b>		<b>Phone</b>	
<b>Camp Participation Restrictions: Please select one</b>			
_____ My child <b>can</b> participate in all camp activities <b>without restrictions:</b>			
_____ My child can participate in all camp activities <b>but has the following restrictions:</b>			
<b>Health: (Attach a copy of your child's Immunization Record)</b>			
<i>Please list all medications, prescribed and over the counter, that your child is currently taking.</i>			

<i>Please place a check by each answer. Provide an explanation for any 'Yes' answer.</i>					
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Vision Problems			Kidney/Urinary Track Problems		
Hearing Deficiency			Heart Problems		
Headaches or Migraines			Asthma or Airway Disease		
Seizures or Epileptic Symptoms			Diabetes		
Recent or recurring injuries			Stomach/Intestinal Problems		
Recent or chronic illnesses			Special Dietary Conditions		
Operations/Surgeries			ADD		
Physical Limitations			ADHD		
Behavior/Emotional Concerns			Other		
<b><i>Please use this space to explain any 'Yes' answers.</i></b>					
<b>Allergies:</b>					
_____ <b>No known allergies</b> (Please skip to Parent Permission section.)					
<b>Food Allergies:</b> (Please circle all that apply.)					
Dairy	Nuts	Wheat	Fish	Eggs	Other
<i>Please describe reaction and management to any food allergy you circled.)</i>					
<b>Medication Allergies:</b> (Please list and describe reaction and management:					
<b>Environmental Allergies:</b> (Please circle all that apply.)					
Insect Stings	Hay Fever	Animals	Other		
<i>Please describe reaction and management to any food allergy you circled:</i>					
<b>Parent Permission:</b>					
<i>The information and health history provided on this form is accurate to the best of my knowledge. The camp and camp employees shall be held harmless for any omissions or incorrect medical information provided. The child herein named has permission to engage in all camp activities as noted. It is my intention that the camp be treated as acting in loco parentis since my child is a minor. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. This completed form may be photocopied for trips out of the camp. I understand that a valid, signed Medication Administration Form is required for any prescription medication administered by Somerset Academy, Inc.</i>					
<b>Parent/Guardian Signature:</b>					
<b>Date Signed:</b>					
<i>Date Received in Somerset Academy, Inc. Office:</i>					

