

## Admission Agreement and Health Assessment

First and Last Name of Child	Preferred Name	Birth Date	Enrollment Date (Check the box if no longer enrolled)
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

Home Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Emergency Contacts (Other than Parents/Guardians) and Persons Authorized to Pick-Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #

Check if there are no emergency contacts available, other than parents/guardians.  
 Check if there are no persons authorized to pick up the child, other than parents/guardians.

Out of Area/State Contact Name (If not available - N/A)	Relationship to Child	Address	Phone #

Check if there are no out of area/state contacts available.



# Admission Agreement and Health Assessment

There must be a separate health assessment form for each sibling

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check All That Apply:**

Does your child have any known allergies or sensitivities to:

No	Yes	If yes, please list:
		Medications _____
		Foods _____
		Other _____

**Illnesses of Medical Conditions:**

Does your child have any of the following conditions?

No	Yes	No	Yes
		Asthma	Visual Impairment
		Diabetes	Developmental Delays
		Seizures	Physical Impairment
		Heart Problems	Behavioral or Emotional Problems
		Hearing Impairment	Other: _____

**Immunizations:**

Are your child's immunizations current? Yes No

List any additional health information or special instructions you feel we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any regular medications your child takes: \_\_\_\_\_

Name of Child's Medical Provider: \_\_\_\_\_



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In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Parent/Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):  
To and From School    On Field Trips (with written permission in advance)    Other: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Parent/Guardian Date

**This form must be reviewed annually by the parent/guardian, and any changes noted.**

Parent/Guardian Name:

Reviewed and/or update: _____	
Reviewed and/or update: _____	
Reviewed and/or update: _____	
Reviewed and/or update: _____	
Reviewed and/or update: _____	
Reviewed and/or update: _____	
Reviewed and/or update: _____	

If these pages are not attached, the parent/guardian must sign each page individually  
This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.

