

# 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:

Zip Code:

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.

**There must be a separate health assessment form for each sibling**

Name:

Birth Date:

Does your child have any known **allergies or sensitivities** to (Please check all that apply):

YES	NO	ALLERGY OR SENSITIVITY	PLEASE LIST
		<b>MEDICATIONS</b>	
		<b>FOOD</b>	
		<b>OTHER</b>	

Does your child have **any** of the following **Illnesses or Medical Conditions**?

CONDITION	Y	N	CONDITION	Y	N	CONDITION	Y	N
<b>Asthma</b>			<b>Heart Problems</b>			<b>Developmental Delays</b>		
<b>Diabetes</b>			<b>Hearing Impairment</b>			<b>Physical Impairment</b>		
<b>Seizures</b>			<b>Visual Impairment</b>			<b>Behavior or Emotional</b>		
<b>Other</b>								

List 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:

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 updated:

Parent/Guardian Name:

Reviewed and/or updated:

Parent/Guardian Name:

Reviewed and/or updated:

Parent/Guardian Name:

Reviewed and/or updated:

***\* If these pages are not attached, the parent/guardian must sign each page individually***