

# 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: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
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\_\_\_\_\_

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.

