

Medical Information

Doctor	Phone	Health Insurance Carrier
Address		Policy Number
Medical Release		
<p>I give permission to Kids Haven Learning Center to make whatever emergency (i.e.: first aid, disaster, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.</p> <p>In cases of medical emergency, I understand that my child will be transported to <u>Wellstar Hospital at Kennestone</u>. By the local emergency unit for treatment if the local emergency resource (police, EMT) deems it necessary.</p> <p>It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and or other adult acting on the parent's behalf.</p> <p>Emergency Medical Information Drug Allergies/Special Medication Needs _____ Chronic Diseases/Other Health Problems _____</p> <p>Parent's Signature _____ Date _____</p>		

Has your child ever been in a childcare setting? Yes No

If so what kind? Relative Care In Home Church Other _____

Briefly describe your child's experience. _____

Does your child have any existing conditions of which Kids Haven should be aware? Yes No

If yes, explain _____

Is your child able to fully participate in all of the activities offered by Kids Haven? Yes No

If yes, explain _____

Does your child function at an age appropriate level? Yes No If yes, explain _____

Can your child effectively communicate his or her needs? Yes No If yes, explain _____

Is your child on a special or restricted diet, or have any food allergies (e.g. peanut butter)?

Yes No If yes, explain _____

Does your child have any non-food allergies (e.g. bee stings) Yes No

If yes, explain _____

Does your child have any problems at mealtime? Yes No If yes, explain _____

Does your child rest in the middle of the day? Yes No

Is your child toilet trained? Yes No If so, do they need assistance? _____

Does your child require any medication, therapy, medical treatment or assessment while in childcare? Yes No

If yes, explain _____

Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, etc.? Yes No

If yes, explain _____