



# Child's Medical History

Please attach a copy of child's immunization record  
Immunizations must be current upon enrollment

List any allergies (food, medicine, environmental) \_\_\_\_\_  
\_\_\_\_\_

Please list any medical concerns we may need to know about (vision, hearing, speech, or other)  
\_\_\_\_\_  
\_\_\_\_\_

This information will only be used in the event that we have to take your child to the hospital. We will always contact you in the event of an emergency situation.

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insured's name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance company \_\_\_\_\_

Address of company \_\_\_\_\_

Policy/plan/group numbers \_\_\_\_\_

## MEDICAL RELEASE

In the event of illness or accident, which requires immediate medical treatment at a time when a parent can not be located, I give permission for Highpointe and/or Play School to provide such emergency treatment to the best of their ability. I will not hold the school or medical personnel responsible. I understand my child will be taken to the nearest emergency facility and I give my permission for the medical personnel to provide any emergency treatment. This is done with the understanding that every attempt will have been made to contact a parent and other persons listed for emergency contact.

Date \_\_\_\_\_ Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Emergency Contact person(s) if parents were unable to be reached. List in order to be called. Person(s) must be authorized to pick up child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

# Authorized for Check Out

To ensure the safety and security of your child, we will not release any child to any other person without prior notice. The Play School director must be notified, before check out, if anyone other than parents/guardian will be picking up your child.

Persons picking up the child will need to be listed on the authorization sheet below, show proper identification and sign the check out form.

I, \_\_\_\_\_ (parent/guardian), authorize the following person(s) to pick up my child. I will have given prior notification to the Play School director before check out time.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

If you have custody of your child, and have a court order for the noncustodial parent or anyone else to not have access to your child, please provide us with a copy of the court order. If we do not have a copy in your child's file, it is more difficult to help you protect your child. A court order gives us the power to protect, if we need to.

# Child's Information Form (for your child's teacher)

Child's name \_\_\_\_\_

Nick name \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Parent's marital status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other

Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Other adults in family residence

Name \_\_\_\_\_ Name \_\_\_\_\_

Name of church child attends \_\_\_\_\_

Health conditions \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair

Food allergies \_\_\_\_\_

Other allergies \_\_\_\_\_

Eating habits \_\_\_\_\_

Sleep and nap habits \_\_\_\_\_

Specify any physical disabilities or limitation in activities \_\_\_\_\_

Is child taking any medication? If so please list them \_\_\_\_\_

\_\_\_\_\_

## SOCIAL AND PHYSICAL GROWTH

Is or does your child:

Right or Left handed	_____	Usually fears	_____
Well coordinated	_____	Talks well	_____
Clumsy	_____	Excitable	_____
Good with hands	_____	Restless	_____
Falling spells	_____	Shy	_____
Dare-Devil behavior	_____	Domineering	_____
Impulsive	_____	Happy	_____

What problems does your child have that concerns you most? \_\_\_\_\_

\_\_\_\_\_

What do you feel are their special abilities or capabilities? \_\_\_\_\_

\_\_\_\_\_

What are some of the ways your child plays at home? \_\_\_\_\_

\_\_\_\_\_

Special interests \_\_\_\_\_

Favorite TV programs \_\_\_\_\_

Favorite books \_\_\_\_\_

Favorite foods \_\_\_\_\_

Do they play well with other children \_\_\_\_\_

How do they react when they do not get their way \_\_\_\_\_

Name some fun things that you do together \_\_\_\_\_

In what ways do you expect our program to help your child \_\_\_\_\_

\_\_\_\_\_

Other comments you think will help teachers work with your child \_\_\_\_\_

\_\_\_\_\_