



HEALTH HISTORY

Child's Name: _____

Birth date: _____

Sex: _____ Child's Social Security: _____

MEDICAL HISTORY

Diseases:

	Age		Age
Pneumonia	_____	Asthma	_____
Chicken Pox	_____	Whooping Cough	_____
Diphtheria	_____	Heart disorder	_____
Measles	_____	Mumps	_____
Rubella	_____	Other	_____

Congenital Malformation: _____

Seizures: _____

Comments: _____

Parent signature: _____

Print: _____

ALLERGIES HISTORY FORM

Child's name: _____ Date: _____

ALLERGIES

Foods:

Reaction:

Environment:

Reaction:

Drugs:

Reaction:

TREATMENT

Prevention: _____

Medication: _____

Special circumstances: _____

Instructions in case of severe reaction: _____

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Child's name: _____ Date of Birth: _____

Father's Name: _____ Employer: _____

Business Phone: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____ Employer: _____

Business Phone: _____

Home Address: _____

Home Phone: _____

I _____ authorize Happy Home Christian Leadership
Parent name

Academy for Early Learners, Inc. To obtain immediate care and consent to the hospitalization
School name

of, the performance of necessary diagnostic tests, the use of surgery, and/ or the administration of drugs to my child or ward if an emergency occur when I cannot be reached immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.

1. I/ we will be responsible for the payment of medical care expenses _____

2. Medical treatment costs are covered by:

Name of insurance company _____

Medical coverage number _____

No insurance _____

Child's Physician _____ Phone Number _____

Attached is a copy of the agreement between the child's parent(s) or guardian and the school operator.

Yes____ No____

Parent/Guardian Signature

Date