

Small Planet Preschool

PUBLIC SCHOOL STUDENT HEALTH AND MEDICAL RECORD

Child's Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

The daily program of Small Planet involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment.

Does this child have any physical condition (including existing illness, previous serious illness and injuries, or on any long term medicine) that we should be aware of?

Is this child subject to or have difficulty with any of the following?

_____ Asthma	_____ Diabetes	_____ Convulsions
_____ Fainting Spells	_____ Heart Trouble	_____ Seizures
_____ Allergies	_____ Ears, eyes, nose, throat	_____ Digestion
_____ Other-Describe _____		

Has this child been hospitalized for any reason during the past 12 months? _____

Does this child require special attention, medication or routines that may have to be taken into consideration in planning for his time at Small Planet? _____

In your opinion, is this child physically and emotionally able to participate in a program like the one described above? _____

Small Planet will not be responsible for anything that may happen as a result of false or incomplete information given on this form. ALL INFORMATION MUST BE KEPT CURRENT.

My child attends: _____

School Phone Number _____

His/her medical records are on file at the above named school.

I authorize Small Planet to transport my child to and or from the above named school.

Has your child had chickenpox? _____ Date: _____ (required by State of TX)
-OR- Varivax/Varicella Immunization? _____ Date: _____ (required by State of TX).

Parents' Signature

Date