THE COUNTRY KINGDOM

PUBLIC SCHOOL STUDENT HEALTH AND MEDICAL RECORD

Child's Name: _____Date of Birth:_____

Address:_____Telephone:_____

The daily program of The Country Kingdom 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 The Country Kingdom?_____

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

The Country Kingdom 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 The Country Kingdom 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