

BIG BLUE BIRD EARLY CHILDHOOD CENTER
HEALTH QUESTIONNAIRE

CHILD _____ DATE _____
BIRTHDATE _____

YES NO

1. Do you feel your child is developing normally? If not, please express your concerns.

2. Does your child have frequent ear infections?

3. Who is your child's physician or clinic? _____

4. Has your child had convulsions or seizures? What warning signs are exhibited? What steps does the center need to take? _____

5. Does your child fall frequently or have frequent accidents?

6. Has your child had any bladder infections? Wet the bed?

7. Does your child have any food allergies or insect bite reactions? Procedure to follow for any problem? _____

8. Does your child have frequent throat infections?

9. Does your child have any allergies? List _____

10. Are there any physical restrictions that should be applied to your child? If yes, describe:

(OVER)

11. Is your child on any long-term medication? Name of medication: _____
Are there side effects staff should be aware of? _____

12. Has your child had any life-threatening accidents or diseases? If yes, describe: _____

13. Is there any medication to which your child is allergic? Please list _____

I hereby grant written permission for Big Blue Bird Staff to institute emergency medical procedures, if warranted; including but not limited to the following:

1. Attempt to contact parent/guardian
2. Attempt to contact physician
3. Attempt to contact parent through individual/s listed on application
4. If parent/guardian or physician cannot be contacted, any or all of the following will be instituted:
 - A. Another physician contacted
 - B. Paramedics/ambulance notified
 - C. Preschool personnel transport child to emergency facility
5. Any expenses incurred will be the responsibility of the family.

I hereby grant written permission for the hospital/emergency facility to render emergency medical care deemed appropriate by the emergency medical staff until I can be contacted.

Only parent or legal guardian can authorize emergency medical treatment of minor.

Should the child's medical condition change at any time during enrollment, the preschool is to be notified immediately.

Should the child require medication during preschool hours, written permission is required for administration. Forms will be found at the check-in counter, the office, the infant department and the toddler department.

DATE OF AGREEMENT: _____

PARENT/GUARDIAN _____

PARENT/GUARDIAN _____

EMERGENCY CONTACT NUMBERS _____

IF PARENT CAN'T BE REACHED, OTHER CONTACT PERSONS AND NUMBERS: _____
