

Health Information

Name: _____ Age _____ DOB ___/___/___ Sex []M []F

Child's health history and current health problems: _____

Any special medical conditions, including chronic health problems: _____

Any food allergies: _____ If so, describe: _____

Any special medications and/or restrictions: _____

Any special services or concerns: _____

Are your child's immunizations up to date? _____ If not, what is needed? _____

Has your child had any of the following common childhood illnesses?

Chicken pox () Yes () No	Measles () Yes () No	Whooping Cough () Yes () No
German Measles () Yes () No	Mumps () Yes () No	Rubella () Yes () No
Scarlet Fever () Yes () No	German Measles () Yes () No	Rheumatic Fever () Yes () No

Is your child prone to:

Ear infections () Yes () No	Headaches () Yes () No	Sore throats () Yes () No
Stomach upsets () Yes () No	Colds () Yes () No	Heart disease () Yes () No
Diabetes () Yes () No	URI () Yes () No	Other:

Does your child have any speech, hearing, or visual problems? _____

Has your child ever had any surgeries? _____ Describe: _____

Known medical problems: _____

Allergies: _____

Agreements:

When my child is ill, I understand and agree that Discovery Bridge Staff will not accept my child for class. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also, by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of services, forfeiture of tuition, or both.

Signature of Parent/Guardian _____ Date _____

DB staff initials _____