

**Child Health Assessment**  
(One form for each child)

Child Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

I authorize the child care staff and my health professional to communicate directly if needed to clarify information on this form about my child. I also authorize Wee Care personnel to seek medical treatment for my child in the event of a medical emergency.

Parent's signature \_\_\_\_\_ Date / /

THIS DOCUMENT PROVIDES VALUABLE INFORMATION PERTINENT TO ROUTINE CHILDCARE AND DIAGNOSIS TREATMENT IN AN EMERGENCY. **DO NOT OMIT ANY INFORMATION**

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILDCARE AND DIAGNOSIS TREATMENT IN AN EMERGENCY. Describe any medical conditions you child has such as, asthma, diabetes, seizures, developmental delays, physical impairments, behavioral or emotional problems.

None

DESCRIBE ALL MEDICATION AND/OR ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND/OR SPECIAL DIET. The Wee Care Center will only administer life saving medications such as EpiPens, inhalers, insulin, etc. All medications a child receives should be listed below in the event the child requires emergency medical care. Attach additional sheets if necessary.

None

CHILD ALLERGIES OR SENSITIVITY TO FOODS (Describe the treatment/ special diet that will be required if any)

None

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/ SERVICE. Attach any additional sheets if necessary to describe the plan of care that should be followed for the child. Including indication of special training required for staff, equipment, and provision for emergencies. If your child has special needs you will need to meet with the administration so we can determine if we can provide the care your child requires.

None

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**TOPICAL OINTMENTS**  
Parents are responsible to apply sunscreen on their child(ren) before they are dropped off at Wee Care. Children who have been in care before the afternoon outside time will have sunscreen applied by center staff before they go outside after nap/quiet time.  
LIST THE NAME AND APPLICATION INSTRUCTIONS FOR EACH OINTMENT YOU WILL BE SUPPLYING.  
I give permission to the Wee Care Center to apply the following parent provided ointments that are CLEARLY LABELED WITH MY CHILD'S NAME. Please note that ointments will be kept at the Center for the duration of the semester.

None

Ointment #1 \_\_\_\_\_

Ointment #2 \_\_\_\_\_

Ointment #3 \_\_\_\_\_