



Info update _____

Initial _____ Date _____

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Health Record Information Form

Child's Full Name: _____
(First) (Middle) (Last)

Child's Birthdate: _____ **Gender:** Male _____ Female _____
(Month) (Day) (Year)

Name of Main Contact: _____ **Res. Ph:** _____

Relationship to Child: _____ **Bus. Ph:** _____

Family Doctor: _____ **Ph:** _____

Alberta Health Insurance Number: _____

Has your child been immunized? Yes _____ No _____ (If No, then a separate immunization waiver form must be filled out. Please advise the director or registering staff member upon registration.)

Are all immunizations up to date? Yes _____ No _____

Is your child fully toilet-trained? Yes _____ No _____ (ALL children MUST be independently trained before attending preschool).

Does your child have any allergies of which we should be aware? _____

Does your child require emergency medication? (ie: Epi-pen, inhaler) Yes _____ No _____
(If Yes, then a separate authorization form MUST be filled out. Please advise the director or registering staff member upon registration.)

Does your child have any special needs? _____

Does your child have any speech difficulties? Yes _____ No _____ **Comments:** _____

Does your child presently qualify for PUF funding? Yes _____ No _____ **Assessed through** _____

Is an assistant being suggested? Yes _____ No _____ **With which agency/foundation?** _____

Has your child been hospitalized? (diagnosis and date please): _____

Is your child on prolonged medication? Yes _____ No _____ **If Yes, what?** _____

Has your child had any emotional or medical conditions requiring or receiving treatment or supervision? _____

Does your child have any fears or anxieties? _____

Please indicate if there are any OTHER health concerns or considerations of which we should be aware? _____