

Mercy Employee Child Care General Health Appraisal Form

Parent, please complete and sign:

Child's Name: _____ DOB: _____
Allergies: None or Describe _____
Type of reaction _____
Diet: Breast Fed Formula _____ Age Appropriate
 Special Diet _____
Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.
 Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.
I, _____ give consent for my child's care health provider and child care personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's child care. Fax #: _____ Date: _____
Parent/Guardian Signatures: _____

Health Care Provider:

Date of Last Health Appraisal: _____ Weight @ exam: _____
Allergies: None or Describe _____
Type of reaction _____
Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____
Explain above concern (if necessary, include instructions to care providers): _____
Current Medications/Special Diet: None or Describe _____
Immunizations: up-to-date see attached immunization record
Is there any information about the child's health that would be relevant for Mercy Employee Child Care Center to be aware of?
Next Well Visit:
 Per AAP Guidelines (AAP recommends that children 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18, and 24 months, and age 3, 4, 5, 6, 8, 10, and 12 years.
 Age _____
This child is healthy and may participate in all routine activities at Mercy Employee Child Care. Any concerns or exceptions are identified on this form.

signature of health care provider _____ date