

Child's Health Information Record



Child's Name: _____ Birthdate: ____ / ____ / ____

In order for your child to enroll in our program we must have the following: (1) a current immunization record and (2) a statement from a physician stating that your child is healthy and can participate in our program. This information must be updated annually.

Immunization Record Dates:

DPT.....1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ Boosters ____ / ____ / ____ ____ / ____ / ____
Polio.....1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ Boosters ____ / ____ / ____ ____ / ____ / ____
HIB.....1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ 4. ____ / ____ / ____
Hep A.....1. ____ / ____ / ____ 2. ____ / ____ / ____
Hep B.....1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ 4. ____ / ____ / ____
Measles.....1. ____ / ____ / ____ 2. ____ / ____ / ____
Rubella.....1. ____ / ____ / ____ 2. ____ / ____ / ____
Mumps.....1. ____ / ____ / ____ 2. ____ / ____ / ____
Varicella.....1. ____ / ____ / ____ 2. ____ / ____ / ____
PCV.....1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ 4. ____ / ____ / ____
Rotavirus.....1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ 4. ____ / ____ / ____
Other.....1. _____ ____ / ____ / ____ 2. _____ ____ / ____ / ____ 3. _____ ____ / ____ / ____

Childhood Diseases and Surgery Record:

Allergies (Food, Medication, Other):

Does your child have any medical problems that The Honey Tree should be made aware of? Yes No. If YES, please indicate and provide instructions for the Center to follow if such an emergency should arise.

Is this child physically and mentally able to participate in our program? Yes No. If NO, please explain.

Is this child free of infectious and contagious diseases? Yes No. If NO, please explain.

Physician's Signature: _____ Date: ____ / ____ / ____