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Child Development Center

General Health Form Appraisal (0-2 years) For Enrollment in Child Care
(Completed by Health Care Professional)

Child's Name _____ Birth date _____

Health History & Medical Information pertinent to routine infant/toddler care & emergencies:

___ NONE ___ Describe

Nutrition _____ Special Diet _____

Allergies _____ Type of Reaction _____

Current Medications _____

Acetaminophen (Tylenol): _____ Dosage _____ (mL) may be given for fever over 102 degrees or pain every 4 hours as needed (note: no more than 3 days without medical authorization)

Please FILL IN AMOUNT. DO NOT indicate to see form. Parents are responsible for providing the Tylenol.

Diaper cream that may be applied _____

Describe any recurrent health problem (i.e. asthma, seizures, ear infections, diabetes, illness, hospitalization or concerns with development) _____ None

Comments: (include instructions to child care provider) _____

Date of child's most recent examination _____

Weight _____ Height _____ Vision _____ Hearing _____ Dental _____

PLEASE ATTACH IMMUNIZATION RECORD

Health Appraisal Plan (Check which visits apply)

___ 2 month ___ 4 month ___ 6 month ___ 9 month ___ 12 month

___ 15-18 month ___ 24 month ___ other (please specify) _____

Health Provider Name _____ Date _____

Health Provider Signature _____

Health Provider Address _____ Telephone _____

I _____ give consent for my child's health care provider and child care
(Name of Parent or Legal Guardian)
provider to discuss my child's health concerns.

Signature of Parent or Legal Guardian

Date