

CHILD'S PRE-ADMISSION HEALTH HISTORY

Mother's Name _____ Does mother live at home? _____
Where employed _____ Position _____
Father's Name _____ Does father live at home? _____
Where employed _____ Position _____
E-Mail Address _____ Fax # _____

The Following Information Is required if you intend to write checks for your tuition.

Mother's Social Security # _____ Father's Social Security # _____
Mother's driver's license number _____ EXP date _____ DOB _____
Father's driver's license number _____ EXP date _____ DOB _____

Child's Preferred Name _____

Past Illness (Please check)

_____ Chicken Pox _____ 10 Day Measles
_____ Asthma _____ 3 Day Measles
_____ Rheumatic Fever _____ Allergies

Any severe illnesses or accident in past? _____ Food/drink allergies? _____
Does your child nap? _____ What time? _____

Any food dislikes? _____

Word your child uses for bowel movement _____

Word your child uses for urination _____

Parents Evaluation of child's personality _____

Does your family or child have medical Insurance: Yes _____ No _____

GENERAL PERMISSION

If emergency medical care is necessary, I give you permission for any treatment deemed necessary by a physician and/or hospital of your choice.

Are there any activities in which you do not wish your child to participate? Yes _____ or No _____.

If yes, please specify: _____

MEDICATION

New Day School has no medication policy. Our staff do not administer medication(s) under any circumstances. If you want your child(ren) to receive medications during hours of operation, you may stop by our facility and give medication to the child in the office or parking lot.

I give permission for NEW DAY SCHOOL to administer any of the following medications if deemed necessary by a staff employee:

Vaseline Petroleum Jelly Bactine Antiseptic Neosporin Ointment
Coppertone Sunscreen Bacracin Ointment Desitin Diaper Rash

List any medicine used for allergies: _____

Parent/Guardian Signature _____ Date _____