Infant, Toddler, Preschool Age – Child Health Exam Form

PARENTS COMPLETE PAGES 1 and 2 – child information

Child's name	Child's birthdate	Name of center, provider, or preschool Telephone #

Parent 1 name	Parent 2 name

Child home address #1	Telephone # 1
Child home address #2	Telephone #2

Where parent # 1 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email
Where parent # 2 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parents/guardian. During an emergency the child care provider is authorized to contact the following person when parent or guardian can not be reached.

Parent/Guardian Signature: ______________________________ Date ____________

Alternate emergency contact person's name: Relationship to child: Phone number:

Child's doctor's name	Doctor telephone # 1	Hospital choice
Doctor's address	After hours telephone #	Does your child have health insurance? ☐Yes, Company ____________ **ID #**
Child's dentist's name	Dentist Telephone # 1	Does your child have dental insurance? ☐Yes, Company ____________ **ID#**
Dentist's Address	After hours telephone #	☐**NO, we do not have health insurance.** ☐**NO, we do not have dental insurance.**
Other health care specialist name Type of specialty	Telephone #	☐**Please help us find health or dental insurance.**

Child Name: ____________

Order additional health forms from Healthy Child Care Iowa 1-800-369-2229.

PARENTS COMPLETE THIS PAGE

Parents: Tell us about your child's health. Place an **X** in the box ☒ if the sentence applies to your child. Check *all* that apply to your child. This will help your doctor plan your child's physical exam.

Growth

☐ I am concerned about my child's growth.

Appetite

☐ I am concerned about my child's eating / feeding habits or appetite.

Rest -

☐ I am concerned about the amount of sleep my child needs.

Illness/Surgery/Injury - My child

☐ has had a serious illness, surgery, or injury. *Please describe.*

Physical Activity - My child

☐ must restrict physical activity.

Please describe.

Development and Learning

☐ I am concerned about my child's behavior, development, or learning.

Please describe:

☐ **Medication** - My child takes medication.

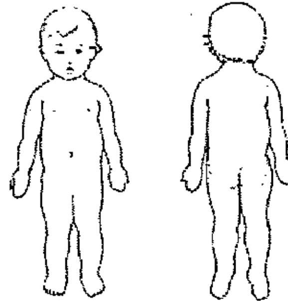
List meds taken at home, preschool, or in child care. List the name, time medication taken, and the reason medication prescribed.

Child's Name: ______________________

Body Health - My child has problems with

☐ Skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe any skin markings



☐ Eyes \ vision, glasses

☐ Ears \ hearing, hearing aides or device, earaches, tubes in ears

☐ Nose problems, nosebleeds, runny nose

☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring

☐ Frequent sore throats or tonsillitis

☐ Breathing problems, asthma, cough, croup

☐ Heart, heart murmur

☐ Stomach aches, upset stomach, colic, spitting up

☐ Using toilet, toilet training, urinating

☐ Bones, muscles, movement, pain with moving

☐ Mobility, uses assistive equipment

☐ Nervous system, headaches, seizures, or nervous habits (like twitches)

☐ Needs special equipment. *Please describe*:

☐ **Allergies** - My child has allergies (food, medicine, fabric, inhalants, insects, animals, etc.). Please describe.

Parent questions or comments for the health care provider:

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

DOCTORS COMPLETE THIS PAGE[1]

Child's Name:

Birthdate: **Age today:**

Date of Exam:

Height or Length:

Weight

Head Circumference (for children under 2 yr.):

Body Mass Index (for children over 2 yr.):

Blood Pressure (start @ age 3 yr.):

Hgb. or Hct.: (start @ 1 yr.)

Blood Lead Level: (start @ 1 yr.)

Sensory Screening:

Vision Right eye ________ Left eye _________

Hearing Right ear ________ Left ear _________

Tympanometry (attach results)

Developmental Screening:

Personal-Social

Fine Motor-Adaptive

Language

Gross Motor

Developmental Referral Made Today: ☐Yes ☐No

Exam Results: *(n = normal limits) otherwise describe*

HEENT

Oral/Teeth

Date of Last **Dental** Exam: _____________

Dental Referral Made Today: ☐Yes ☐ No

Heart

Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

[1] Iowa Child Care Regulations require an admission physical exam report within the previous year. Annually thereafter, a statement of health condition signed by an approved health care provider. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (RE9939, March 2000) www.aap.org

Immunization: Doctor may attach a copy of Iowa Department of Public Health Immunization Certificate

DtaP/DTP/Td

Hepatitis B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other

TB testing (for high risk child only)

Medication: Physician authorizes the child may receive the following medications while at child care: (include *over-the-counter* and *prescribed*)

Medication Name	Dosage
☐ Diaper crème:	
☐ Pain reliever:	
☐ Sunscreen:	
☐ Cough medication	

Other Medication should be listed with written instructions for use in child care.

Referrals made:

☐ Referred to ***hawk-i*** today 1-800-257-8563

Health Provider Assessment Statement:

☐The child may participate in developmentally appropriate child care/preschool with ***NO*** health-related restrictions.

☐ The child may participate in developmentally appropriate child care/preschool ***with these restrictions***:

Doctor Signature ______________________________

Circle the Provider Credential Type: MD DO PA ARNP

Child's Name ________________________ Class__________________

Indianola Preschool Inc. Emergency and Illness Information

*Please list phone numbers where parent(s) or guardian(s) may be reached during preschool hours.

Name_______________________________________ Phone(____)__________________

Cell Phone(____)_______________

Name_______________________________________ Phone(____)__________________

Cell Phone(____)_______________

*Please list AT LEAST TWO names and phone numbers, other than your own, who may be contacted in case of an emergency or illness. It is IMPORTANT that the listed numbers are people that could come pick up your child from preschool immediately in the event of an illness or emergency. **NOTE: As this information is used for IMMEDIATE contact, please list Indianola phone numbers only!**

Name_______________________________________ Phone(____)__________________

Cell Phone(____)_______________

Name_______________________________________ Phone(____)__________________

Cell Phone(____)_______________

*It is required by law that we have the following information in our files for emergency contacts:

Physician's Name ______________________________ Phone(____)__________________

Address _______________________________

Hospital Preference _____________________________ Insurance Company________________

Dentist's Name ________________________________ Phone(____)_________________

Address ______________________________

Emergency Medical Consent Form

I, ______________________________________, (mother/father/legal guardian) of ______________________________________, (child's full name) do hereby give my permission and/or consent to the personnel of Indianola Preschool, Inc., Indianola, Iowa, to secure and authorize such emergency medical or dental care and/or treatment as my child (above named) might require while under the supervision of said preschool personnel. I also agree to pay all costs and fees contingent on any emergency medical or dental care and/or treatment for my child as secured or authorized under this consent.

Date ____________________ Signed ____

Mother/Father/Legal Guardian

Class____________________

Indianola Preschool Inc. Enrollment Form

*Identification Information

Child's Name __________________________ Name child goes by _____________ Boy _____ Girl _____

Address _______________________________________ Phone(____)______________________

Date of Birth ____/_____/_____Father's Name_______________ Mother's Name__________________

Email address_______________________________

Father's Place of Employment________________ Phone(____)____________Cell (___)______________

Mother's Place of Employment________________ Phone (____)____________Cell(___)______________

Daycare Provider 's Name ________________________ Phone(____)____________
Cell (___)____________

*Pick-Up Permission

I hereby give permission for my child to leave the preschool with the persons named below. It is the responsibility of the parent(s) or guardian to notify the preschool, in writing, of any changes.

Name ________________________ Phone ____________________ Relationship ___________________

Cell Phone _____________________

Name ________________________ Phone ____________________ Relationship ___________________

Cell Phone _____________________

Name ________________________ Phone ____________________ Relationship ___________________

Cell Phone_____________________

Date __________________ Signed ____
Mother/Father/Legal Guardian

Please Note: If there is someone who may **NOT** pick up your child, the preschool **MUST** have a copy of the Court Order to that effect. Please submit it with this form.

Name ___________________________________ Relationship _________________________

Date _____________________ Signed _____________________________________
Mother/Father/Legal Guardian

Child's Name ___________________________ Class _______________

INDIANOLA PRESCHOOL, INC.

Permission Form

Field Trip Permission

I understand that field trips are an integral part of the curriculum, and that I will be asked permission for each field trip as it approaches. I hereby give my permission for the staff and volunteers of Indianola Preschool, Inc. to take my child, _______________________, on field trips while he/she is in the program.

Date _____________ Signed ______________________________________
Mother/Father/Legal Guardian

Picture Release Agreement

I hereby give my permission/ consent to let my child, ____________________________, be photographed for preschool use. I understand that photograph may be used in the newspaper or other media as deemed appropriate by Indianola Preschool, Inc.

Date _____________ Signed ______________________________________
Mother/Father/Legal Guardian

Sunscreen Permission

I hereby give my permission and/or consent to the personnel of Indianola Preschool, Inc., Indianola, Iowa, to apply sunscreen to ________________________________, (child's full name), when needed for outdoor play.

Date _________________ Signed ____
Mother/Father/Legal Guardian

Toothbrushing Permission

I hereby give my permission and/or consent to the personnel of Indianola Preschool, Inc., Indianola, Iowa, to supervise _____________________________,(child's full name), while he/she is brushing their teeth during school time.

Date _________________ Signed ____
Mother/Father/Legal Guardian