

Children's Alley Health Appraisal

Ages 0-2

(Must be completed by the health provider within 30 days of enrollment)

Child's Name _____

Birthdate _____

Health History and Medical Information

Nutrition _____

Special Diet _____

Allergies _____

Type of reaction _____

Current Medications _____

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization, or concerns with development

Comments (include instructions to the child care provider)

Date of most recent examination of child within the last 12 months _____

Weight _____

Height _____

Vision _____

Hearing _____

Current copy of immunizations given to Children's Alley Yes _____ No _____

Health Appraisal Plan-check visits that apply (Child care licensing requires reports of examinations related to the health plan must be provided to the child care provider and kept on file.)

2 month ____ **4 month** ____ **6 month** ____ **9 month** ____

12 month ____ **15 month** ____ **18 month** ____ **24 month** ____

Health Provider Name _____

Health Provider Signature _____ **Date** _____

Address _____ **Telephone #** _____

I, _____ give consent for my child's health care provider and child care provider to discuss my child's health concerns.

Parent of legal guardian signature

Date

Note to parents: Medications cannot be administered to children without completed Children's Alley medication administration paperwork (please review the parent handbook for detailed information.)