

Children's Alley Health Appraisal
(Must be completed by the health provider within 30 days of enrollment)

Child's Name _____ **Birthdate** _____

Health History and Medical Information

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 _____ **Dental Screening** _____

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

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.)