



Last edited 1/2018

## A Child's Garden Preschool Child Health Information Record

The information on this page is required to be on record for all children attending ACG to comply with NAEYC Accreditation Standards. Please respond to each question with accurate, up-to-date information. All information will be maintained in a confidential file and released only to persons on a "need to know" basis. **PLEASE BE SURE TO COMPLETE BOTH HEALTH FORMS.**

### Form A: Parent to Complete Information

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_

#### Health Information:

Insurance Plan: \_\_\_\_\_

Child's Primary Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Child's dental provider (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_

Date of child's last dental check \_\_\_\_\_

Please list specific food allergies if applicable and course of treatment: \_\_\_\_\_

\*\*\*\* I give permission for ACG Staff to apply sunscreen and/or diaper cream  
(Which I will supply) \*\*\*\*

#### Emergency Contact Information (*other than household members*):

1) Person's Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone: \_\_\_\_\_

2) Person's Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Phone: \_\_\_\_\_

3) Out of Town Emergency Contact to be used only for city/state emergency as part of  
Disaster Relief Plan.  
Person's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Unless otherwise specified, emergency contacts may have access to the child's health records

I give permission for the staff of A Child's Garden and other authorized personnel to have access to these health records and to treat and/or transport my child in case of medical emergency.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date