



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 in order 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
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