



# Teays Valley Child Development Center

▪ Director, Mrs. Tonya Neal ▪ President, Dr. Rodney Taylor, Ed. D. ▪

## Child Health Record

To be completed by parent or guardian:

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

I, \_\_\_\_\_, give permission to obtain or release any necessary health information for my child.

Child's primary physician

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

To be completed by physician:

Health History:

Does the child have any chronic illness requiring medication or special precautions in a child-care setting such as recurrent ear infections, seizure disorder, or allergies? If so, please list illnesses.

Are there any factors that could influence this child in adapting to a child care center such as physical impairment, sensory loss, or developmental irregularities?

Are there any medical factors pertinent to diagnosis and treatment in case of an emergency?

Any recommended limitations or modifications of activities or diet?

Please note any relevant family, social, or health characteristics:

---

**For children 6-12 weeks entering child care: I authorize that this child may enter into group care.**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

