

GREEN HILL CHILD DEVELOPMENT CENTER, INC.

120 Geneva Avenue Silver Spring, MD 20910

Phone: 301-589-0613

MEDICAL INFORMATION

Child's Name: _____

HEALTH CARE INFORMATION

Do you have proof of up-to-date child's immunizations for: polio, measles, rubella, mumps, diphtheria, pertussis, tetanus, haemophilus, influenzae B and hepatitis B? Yes No

If not, when will you? _____ (Proof required if enrolled.)

Do you have results of lead screening? Yes No (Screening required if enrolled.)

Do you have results of your child's negative TB test? Yes No (Required if enrolled.)

Does your child have any allergies? Yes No

If so, specify allergy triggers: (i.e. foods, medications, insects, animals) _____

Specify symptoms: _____

Specify treatment: _____

Are there special requirements or limitations for your child's diet while in child care? Yes No

If yes, please specify: _____

INSURANCE INFORMATION

Health Insurance Policy Provider: _____ Phone: _____

Policy Holder: _____ Policy #: _____

Name of Child's Physician/Medical Care Provider: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL CONDITIONS

Known disabilities: mental visual auditory physical emotional behavioral

Does your child use specialized equipment for health or mobility? Yes No

If yes, please specify: _____

Does your child need specialized care in feeding, toileting, napping or dressing? Yes No

If yes, please specify: _____

Parent / Guardian Signature

Date