

Health Certification

As legal guardian, I certify that my child _____, is, to the best of my knowledge, in good health and free of disabilities that would possibly endanger any children in the Millstadt CCSD #160 The Panther Place program.

Health History

Please check appropriate health concerns

<u>Allergies</u>	<u>Diseases</u>	<u>Other</u>
Hay Fever _____	Chicken Pox _____	Ear Infections _____
Insect Stings _____	Measles _____	Rheumatic Fever _____
Penicillin _____	Mumps _____	Convulsions _____
Peanuts _____	German Measles _____	Diabetes _____
Tree Nuts _____	Other _____	Asthma _____
Other _____		Sickle Cell Anemia _____

Is your child sensitive to Poison Oak, Ivy or Sumac? _____

Does your child have a communicable disease? Please indicate type. _____

Has your child had surgery or any serious injuries? Please indicate. _____

Is your child restricted to any physical activities? _____

Does your child have any food allergies or dietary restrictions? Please indicate. _____

Please list medications your child is currently taking. _____

Please share any other information about your child or family that is pertinent to the child-care provider. It is in your child's best interest to complete this section. If none, please write NONE.

Authorization for Emergency Medical Care or Treatment

In case of emergency or injury pertaining to my child, _____. I expect to be notified immediately so that I can make arrangements for medical care for my child with the physician of my choice. If I cannot be contacted to make the necessary arrangements, I authorize the Millstadt CCSD #160 child care personnel to contact Dr. _____ at telephone number _____ or the nearest health care provider for emergency medical treatment. My preference of hospitals is _____. I authorize the health care provider to prescribe such treatment, to administer such anesthetics, and/or surgical procedures as might be deemed advisable or necessary in the treatment of my child named above.

Signature of Parent/Guardian _____ Date _____