

 **Trinity Lutheran Child Learning Center**
HEALTH INFORMATION 2019-2020



Child's Name _____ Male/Female _____ Birth date _____

Insurance: None _____ Plan Name & ID # _____

Doctor or Clinic _____ Phone # _____ Well Exam in last 1 yr _____ 2 yr _____

Dentist _____ Phone # _____ Dental Exam in last 1 yr _____ 2 yr _____

AUTHORIZATION FOR MEDICAL CARE

I understand I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physicians or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize TLCLC to contact:

Doctor _____ Phone # _____

Hospital _____ Phone # _____

My child has no current health concerns. OR My child has the following special health concerns:

ALLERGIES: Food Allergies: _____

Food Intolerances: _____

Seasonal: _____

Other (drugs, insects, etc): _____

Has the allergy required emergency action in the past? Yes No

ANY ALLERGY/INTOLERANCE REQUIRES A PHYSICIAN'S STATEMENT AND EMERGENCY ACTION PLAN

EYES: glasses contacts (for reading or distance?) _____ lazy eye difficulty seeing surgery other

Explain: _____

EARS: frequent infections tubes date inserted _____ hearing difficulty hearing aid Right Left

Explain: _____

ASTHMA: Yes No Triggered by: _____ Treatment: _____

Diagnosed by: _____ Date _____

MEDICATIONS: at home at school Explain: _____

SPECIAL EDUCATION OR SERVICES: Speech/Language OT/PT Other _____

Requires Special Health Care (explain) _____

OTHER HEALTH/MOBILITY CONCERNS: Explain: _____

IMMUNIZATIONS:

Missouri State Law, Admission Policies and Procedures: Facility shall receive information indicating that the child has completed age appropriate immunizations, is in the process of completing immunizations, or is exempt from immunizations as defined by 19 CSR 30-62.192 Health Care.

I have provided a copy of a full Immunization Record or any new immunizations.

My signature below verifies the above information to be accurate.

Signature of Parent/Guardian _____ Date _____