

# CHILD CARE HEALTH INFORMATION

CHILD CARE PROGRAM/FACILITY \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_  
LAST FIRST (COMMON)

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX ( ) ( ) ATTENDS ELEMENTARY SCHOOL ( )yes ( ) no  
yy mm dd M F

CHILD'S ONTARIO HEALTH CARE NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_ PLEASE PRINT

<b>IMMUNIZATION HISTORY</b>	<b>PARENT/GUARDIAN</b>		
<i>PLEASE ATTACH TWO (2) COPIES OF THE CHILD'S ORIGINAL IMMUNIZATION CARD</i>	<b>ADDRESS</b>		
	<b>CITY</b>	<b>POSTAL CODE</b>	
	<b>PHONE - HOME:</b>	<b>BUSINESS:</b>	
	<b>PHYSICIAN</b>	<b>PHONE:</b>	
	<b>ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>

**HEALTH HISTORY**

1 List communicable disease(s) the child has had:

Has the child had any ongoing health problems or concerns?

- ( ) Ear infections ( ) Convulsions ( ) Asthma ( ) Difficulty seeing  
 ( ) Difficulty Hearing ( ) Diabetes ( ) Bronchitis ( ) Wears glasses  
 ( ) Wears Hearing Aid ( ) Heart Trouble ( ) Other (describe)

3. Allergies: To what substance:

- ( ) Drugs ( ) Foods ( ) Insect Bites ( ) Other

Explain/Comments on above:

4. Does the child take prescribed medicine regularly? ( ) Yes ( ) No

If yes, explain:

5. Has the child been hospitalized for accidents, injuries or surgery? ( ) Yes ( ) No

If yes, date and nature of injury/surgery:

6. Does the child have other special personal or education needs? ( ) Yes ( ) No

If yes, describe:

I hereby consent to the disclosure of this information and immunization record to the Medical Officer of Health.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Personal information requested by the Niagara Region Public Health Department staff is collected under authority of the *Health Protection and Promotion Act*, and the *Municipal Freedom of Information & Protection Act*. It will be used for the purpose of fulfilling Public Health Department programs.

For information about the collection, contact:  
 Freedom of Information and Privacy Co-ordinator  
 Regional Municipality of Niagara  
 2201 St. David's Road, P.O. Box 1042  
 Thorold, Ont. L2V 4T7 Telephone (905) 685-1571