

HEALTH HISTORY AND EMERGENCY CARE AUTHORIZATION

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. A review by parents / guardians and staff should occur at least every six months or when needed. **This form must remain with the child during the hours the child is present in the child care center if the child has any special health care needs.**

CHILD INFORMATION			
Name (Last, First, MI)		Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)	
PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.			
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
PHYSICIAN / MEDICAL FACILITY INFORMATION			
Name – Physician	Address – Medical Facility		Telephone Number

1. Check any special medical condition that your child may have.

- No specific medical condition
 Asthma Diabetes Epilepsy / seizure disorder Gastrointestinal or feeding concerns including special diet and supplements
 Cerebral palsy / motor disorder Emotional / behavior disorder including ADD or ADHD
 Other condition(s) requiring special care – Specify.

Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If medications are necessary, a copy of the Authorization to Dispense Medication should be attached to this form (as required by Georgia Family Day Care Rule 290-2-3.11(1)(e)). Indicate any child care staff who have received specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

5. When to call parents regarding symptoms or failure to respond to treatment.

6. When to consider that the condition requires emergency medical care or reassessment.

7. Additional information that may be helpful to the child care provider.

Should my child suffer an injury or illness while in the care of Happy Place Learning Center and the facility is unable to contact the parent(s) / guardian(s) listed immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I agree to keep the facility informed of changes in contact information as soon as possible. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

SIGNATURE – Parent or Guardian

Date Signed

Review dates: _____