

HEALTH INFORMATION

EMERGENCY HEALTH RECORD (to be filled out by parent)

Childs Name _____ Sex: Male / Female

Address _____

Birth place _____ Birth Date _____

Delivery: Natural _____ Forceps Delivery _____ Caesarian _____

Parent or Guardian's Name _____ Residence Phone _____

Father's Business Phone _____ Mother's Business Phone _____

In case of emergency: If parents or Guardian are not immediately available contact:

Friend of Relative's Name _____ Contact _____

No. _____

Friend Physician's Name _____ Contact _____

No. _____

Hospital _____ Contact _____

No. _____

In case of emergency, the school may call the family physician or any other available physician to examine my son or daughter.

(Without which permission, the school assumes no responsibility for emergency medical attention)

Yes _____ No _____

I agree not to hold Miniland responsible for any possible illness, accident or injury during classes or on the Miniland premises. I hereby verify that I have read fully, understand, and accept the statements above.

Signature of Parents or Guardian _____

MEDICAL RECORD

Date: _____

Name of child's doctor

Address-----

-

Serious accidents / illness / operations

Any difficulties regarding

Yes

No

Feeding

Ear Infections

Frequent cold / cough

Operations -----

Hospitalization-----

-

Handicaps (eye, ears, feet, etc.)

Allergies-----

Blood -

Group-----

Communicable Diseases: please check the disease which your child has had and give date

----- Chicken Pox Date ----- ----- German Measles Date -----

----- Infectious Hepatitis Date ----- ----- Red Measles Date -----

----- Mumps Date ----- ----- Rheumatic Fever Date -----

----- Whooping Cough Date -----