Child's Health Resume (Required Form)

Child Care Regulation 36 requires every licensee to keep a record with respect to each child attending the facility that includes: (a) child's name and date of birth, (b) names, addresses and telephone numbers of the child's parents, persons to contact in the case of an emergency and the child's medical practitioner, (c) any allergies, illness or other medical condition, and (d) the child's immunization status.

Note: Personal health information may be disclosed by the facility to the Ministry of Education in the course of reviewing the facility's record keeping obligations.

Child's Name: _____ Starting Date: _____/_____/_____
Year Month Day

Date of Birth: _____/_____/_____ Personal Health Number: _____
Year Month Day

Insurance Provider Name: _____ Member or Policy Number: _____

Parent/Guardian Name: _____ **Parent/Guardian Name:** _____

Home Address: _____ Home Address: _____

Postal Code: _____ Postal Code: _____

Home phone: _____ Home phone: _____

Place of business: _____ Place of business: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Are both parents listed above authorized to remove the child from the child care facility? ☐ Yes ☐ No

Comments: _____

_____

In case of emergency, the child care service will contact the following physician for medical treatment:

Physician's Name: _____

Address: _____

Phone: _____

Provide the names of two other persons to contact in case of emergency.

1. **Name:** _____ 2. **Name:** _____

Relationship: _____ Relationship: _____

Home phone: _____ Home phone: _____

Business phone: _____ Business phone: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Medical History

Check (✓) any of the following illnesses which the child has had:

☐ Asthma	☐ Earaches	☐ Mumps	☐ Whooping cough
☐ Bronchitis	☐ Eczema	☐ Pneumonia	☐ Injuries – please list _____
☐ Chicken pox	☐ Frequent colds	☐ Polio	_____
☐ Convulsions	☐ Influenza	☐ Rheumatic fever	☐ Other - please list _____
☐ Croup	☐ Measles (German)	☐ Scarlet fever	_____
☐ Diphtheria	☐ Measles (red)	☐ Tonsillitis	_____

(over)

Are your child's immunizations up to date? ☐ **Yes** ☐ **No**

Allergies

Does your child have any known **drug** allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?

_____

_____

Does your child have any known **food** allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?

_____

_____

Does your child have any **other** allergies? ☐ Yes ☐ No If Yes, what are they and what are your child's reactions?

_____

_____

Other Medical Information

Does your child take any medication on a regular basis? ☐ Yes ☐ No If Yes, please give the name of the medication and the medical condition for which it is taken. _____

_____

_____

Was your child born prematurely? ☐ Yes ☐ No If Yes, how many weeks? _____

Do you have any concerns about your child's development? ☐ Yes ☐ No If Yes, please comment. _____

_____

_____

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate? ☐ Yes ☐ No

If Yes, please identify. _____

_____

Has your child ever undergone surgery? ☐ Yes ☐ No If Yes, please list. _____

_____

_____

Are there any special diets necessary for your child's health? ☐ Yes ☐ No If Yes, please describe.

_____

_____

Please comment on any other medical information the child care service should be aware of. _____

_____

_____

Date: _____/_____/_____
Year Month Day

_____
Parent/Guardian Signature