

3rd

CHILD'S NAME _____

Last

First

SCHOOL: _____ **Grade:** _____

Child's Address: _____

Alberta Health Care No. _____

DATE OF BIRTH: **Month** _____ **Day** _____ **Year** _____

Child's Physician/Clinic: _____

Gender: **Male** or **Female**

Physician Office Phone: _____

Is your child's immunization up to date? **Yes** or **No**

Has your child previously attended OSCAR? **YES** or **NO**

If immunization not up to date state reason: _____

Are there any **special circumstances or information** we should be aware of that would help us work with your child? _____

Medical History of Illness: Please describe your child's former or current medical history and any medication they currently take.

Medication Instruction Form Required: If your child does have an Epi-Pen or Asthma Inhaler medication and would require medication during his/her time at OSCAR please fill out the Medication Instruction Form (all medication MUST be in Original Labeled Container) and discuss the specifics with the OSCAR Director. OSCAR staff can only administer medications according to the instructions.

ALLERGIES Does your child have any allergies to the following?

Foods: _____

Other: _____

Medication Allergy: _____

ASTHMA

Does your child have Asthma? **YES** or **NO**

Specify Triggers: _____

Location of Inhaler: _____

Medication Form: **YES** or **NO**

Epi-Pen

Does your child require an Epi-Pen? **YES** or **NO**

Specify Allergy: _____

Location of Epi-Pen: _____

Medication Form: **YES** or **NO**

Allergy Treatment: _____

I understand that it is my responsibility to update and inform the OSCAR Child Care Director if there are any changes to any of the above address/information/directions/condition for my child named above.

Parent/Guardian Signature (any format) _____

Date _____