

3rd

CHILD'S NAME _____ SCHOOL: _____ Grade: _____
Last First

DATE OF BIRTH: Month _____ Day _____ Year _____ Gender: Male Female

Is your child's immunization up to date? YES NO Has your child previously attended OSCAR? YES 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 NO

Specify Triggers: _____

Location of Inhaler: _____

Medication Form: YES NO

Epi-Pen

Does your child require an Epi-Pen? YES NO

Specify Allergy: _____

Location of Epi-Pen: _____

Medication Form: YES 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 Sign (any format) _____ Date _____