



Info update _____
Initial _____ Date _____

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Health Record Information Form

Child's Full Name: _____
(First) (Middle) (Last)

Child's Birthdate: _____ **Gender:** Male _____ Female _____
(Month) (Day) (Year)

Name of Main Contact: _____ **Res. Ph:** _____

Relationship to Child: _____ **Bus. Ph:** _____

Family Doctor: _____ **Ph:** _____

Alberta Health Insurance Number: _____

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**Has your child been immunized?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, then a separate immunization waiver form must be filled out.)  
(Please advise the director.)

**Are all immunizations up to date?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Is your child fully potty-trained?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Does your child have any allergies of which we should be aware?** \_\_\_\_\_  
\_\_\_\_\_

**Does your child require emergency medication? (ie: Epi-pen, inhaler)** Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, then a separate authorization form MUST be filled out. Please advise the director.)

**Does your child have any special needs?** \_\_\_\_\_

**Does your child have any speech difficulties?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Does your child presently qualify for PUF funding?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Assessed through** \_\_\_\_\_  
\_\_\_\_\_

**Is an assistant being suggested?** Yes \_\_\_\_\_ No \_\_\_\_\_ **With which agency/foundation?** \_\_\_\_\_

**Has your child been hospitalized? (diagnosis and date please):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is your child on prolonged medication?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, what?** \_\_\_\_\_

**Has your child had any emotional or medical conditions requiring or receiving treatment or supervision?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any fears or anxieties?** \_\_\_\_\_  
\_\_\_\_\_

**Please indicate if there are any OTHER health concerns or considerations of which we should be aware?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_