Okotoks Preschool Academy
Building a strong foundation

Health Info Updates
(OFFICE USE ONLY)

Info update_____
Initial_____ Date_____

Info update_____
Initial_____ Date_____

Health Record Information Form

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

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: _____

Two Alternate Emergency Contacts:

Name: _____ **Ph:** _____ **Address:** _____

Name: _____ **Ph:** _____ **Address:** _____

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____ **Signed:**_____ **Date:** _____

Is your child fully potty-trained at the time of this registration? Yes____ No____

Does your child have any allergies of which we should be aware?_____
_____

Does your child have any special needs? _____

Does your child have any speech difficulties? Yes____ No____ **Comments:** _____
_____
_____

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?_____
_____