

## Jubilee Junction Health Record 2011-2012

Child's Full Name	Age	Birth date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name		Phone	
Address	City		Zip

**Health History: (If answer is "yes", please explain.)**

Any physical or mental impairment? \_\_\_\_\_

Any recent serious illnesses? \_\_\_\_\_

Any chronic illness/hospitalizations? \_\_\_\_\_

Any allergies? \_\_\_\_\_

Any medication prescribed on a regular basis? \_\_\_\_\_

Has this child been toilet trained?       Yes       No

Are there any parent concerns? \_\_\_\_\_

### PARENT'S AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident for my child, \_\_\_\_\_, I hereby authorize the adult(s) in charge to consent to medical treatment and, if necessary, transport my child to:

Name of Hospital		
Name of Physician	Address	Phone
Signature of Parent or Legal Guardian		Date