

HEALTH ASSESSMENT

(Please print legibly)

Kidz Academy // 4790 S Hanauer Street, Murray, UT 84107 // (801) 293-0941

CHILD INFORMATION			
Child's Full Name		Date of Birth	Age
		/ /	
Allergies or Sensitivities	NO	YES	If yes, please list:
<input type="checkbox"/> Medications	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Foods	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
Illnesses or Medical Conditions	NO	YES	If yes, please list any special instructions or need-to-know information.
<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	
List any additional health information or special instructions you feel we need to be aware of?			
List any regular medications your child takes:			
Name of child's medical provider:			
Phone #:			

Parent Signature _____ Date: _____

Director Signature _____ Date: _____

This Health Assessment and Enrollment form must be completed for each individual child enrolled, must be reviewed annually by the parent/guardian, and any changes noted.

Reviewed and/or updated: ___/___/___ Parent/Guardian Signature _____

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