

GREEN TREE PRESCHOOL

MEDICAL INFORMATION

Child's Name _____ Date of Birth _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Additional Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Medical Insurance Co. _____ Policy Number _____

Child's Blood Type _____ Known Allergies _____

Dietary Restrictions _____

Prescription Medications _____

Chronic Medical Conditions? _____

Pertinent Medical History _____

Medical Release

In the event of severe illness or injury to my child, _____, I hereby authorize and execute consent for **emergency** medical and hospital care and treatment, including major surgery, as deemed necessary by a duly licensed physician chosen by Green Tree Preschool staff. I understand that the Green Tree Preschool staff will take all safety precautions to protect my child but cannot be held liable for any injury that my child incurs during school hours.

Date

Signature of Parent

List the dates for any of the following illnesses/conditions your child may have had:

Illness	Date
Anemia /chudokrevnost	
Asthma /astma	
Behavioral Problems /výchovné problémy	
Broken Bones /zlomeniny	
Chicken Pox /neštovice	
Diabetes /cukrovka	
Ear Infections /zánět ucha	
Epilepsy /epilepsie	
Fainting /mdloby	
Frequent Colds /časté nachlazení	
German Measles (Rubella) /zarděnky	
Hearing Difficulties /sluchové problémy	
Heart Ailments /srdeční onemocnění	
Measles (Red or Seven-Day) /spalničky	
Mumps /příušnice	
Pneumonia /zápal plic	
Polio /dětská obrna	
Roseola (Sixth Disease) /šestá nemoc	
Rheumatic Fever /revmatická horečka	
Scarlet Fever /spála	
Surgery /operace	
Tonsillitis /zánět mandlí/angína	
Tuberculosis /TBC	
Whooping Cough /černý kašel	
Vision Impairment /zrakové problémy	
Blood transmitted disease /krví přenosné nemoci	
Other /ostatní:	

Write dates of each vaccine received:

Immunization	Date	Date	Date
DPT / záškrť-černý kašel-tetanus			
FSME / klíšťová encefalitida			
Hepatitis A			
Hepatitis B			
HiB /haemophilus influenza typ B			
MMR / zarděnky-příušnice-spalničky			
Polio /dětská obrna			
Varicella /plane neštovice			
Meningitis / meningitida			

Doctor Stamp Required