

CHILD'S HEALTH INFORMATION

IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS COMPLETED FORM

TODAY'S DATE ___/___/___ ADMISSION DATE ___/___/___ END DATE ___/___/___

CHILD'S NAME _____	DATE OF BIRTH ___/___/___	HOME PHONE _____
NAME OF PEDIATRICIAN _____	PHONE # _____	
PEDIATRICIAN'S ADDRESS _____		

WE CANNOT ACCEPT MEDICAL INFORMATION WRITTEN BY A PARENT ON PAPER.

DENTIST'S NAME _____	DATE OF LAST DENTAL EXAM *** _____
ADDRESS _____	PHONE # _____
***IF YOUR CHILD(REN) HAS NOT YET SEEN A DENTIST, PLEASE PROVIDE YOUR DENTIST'S INFORMATION.	
DENTAL INFORMATION MUST BE COMPLETED.	

ALLERGIES:

OTHER HEALTH INFORMATION FKO NEEDS TO BE AWARE OF

BEFORE SIGNING BELOW, PLEASE READ OVER FURTHER INFORMATION ON THE BACK SIDE!

In the event of an emergency, I hereby give the staff of For Kids Only Preschool permission to call for medical assistance. I also give the staff of FKO permission to authorize hospitalization for my child if needed.

CHILD'S NAME _____

SIGNATURE of PARENT/GUARDIAN _____

NAME of INSURANCE _____ GROUP # _____

MAILING ADDRESS _____ ID # _____

NAME of INSURANCE CARRIER _____ RELATION TO CHILD _____

PREFERRED HOSPITAL _____

IMMUNIZATION RECORDS SHOULD ACCOMPANY THIS COMPLETED FORM

IMMUNIZATION RECORDS must be maintained to ensure proper medical treatment is determined and given in the event of a disease outbreak or public health emergency.

We must have COPIES of your child's IMMUNIZATIONS* and WELL VISIT** appointments for the year from your child's actual doctor within 30 days of the child's first admission to FKO and updated as needed thereafter or A blood test documenting immunity to measles, mumps, rubella and varicella (chickenpox), placed in the child's record and updated in a timely manner.

*Any time your child has new immunizations we will need an updated copy of them from your child(ren)'s Physician as well as a copy of any well visits your child has had with the Physicians.

**Well visits are regular scheduled check ups your child has with the Physician not sick visits.

No child may be required to be immunized if religious, philosophical or medical reasons are documented.

Effective September 1, 2021, exemption from immunization requirements are limited to medical reasons. The child's physician, nurse practitioner, or physician assistant must provide documentation that immunization is medically inadvisable.

IF WE KNOW OR SUSPECT THAT A CHILD HAS CONTRACTED A NOTIFIABLE DISEASE OR CONDITION, THE PROVIDER MUST NOTIFY THE MAINE CENTER FOR DISEASE CONTROL AND PREVENTION (MECDC).

**IF YOU WOULD LIKE, YOU CAN REQUEST THE DENTAL OFFICE TO MAIL THEM TO:
FOR KIDS ONLY PRESCHOOL AT 28 CENTRAL STREET, SACO ME 04072.**

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING ALL
MEDICAL RECORDS THAT ARE NEEDED FOR MY CHILD(REN) IN ORDER TO ATTEND FKO.**

PLEASE INITIAL HERE

