

Valleyland Health/History Information

Each child must have a Health/History form on file.

Child's Name: _____ Date of Birth _____

Allergies/Medications

Allergies: _____

Please list your action plan in case of an allergy reaction.

Medications: _____

Medication will need to be given while child is at Valleyland ___no ___yes

Other medical information _____

Epi pen _____ Inhaler _____

Any other medical conditions, 504, IEP, and/or special needs (physical, mental, or behavioral) that Valleyland should be aware of? _____

Activity/Physical restrictions _____

See Valleyland handbook for more information regarding medication. Valleyland follows the districts medication policies.

*Please note: Students entering Kindergarten or new to the district must also submit immunization records.

I hereby authorize the Staff and/or Program Coordinator, representing Valleyland to give consent for any emergency medical and first aid care for my child while my child is in their care. I understand I will be responsible for all medical expenses. (i.e. hospital, clinic charges)

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date