Daycare Physical Form

CHILD'S INFORMATION

Personal Details

Name: _____ Date of Birth: _____ dd / mm / yyyy

Phone Number: _____ Home Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

MEDICAL HISTORY

Medical History:

Immunization

Immunization:

PHYSICAL EXAMINATION

Height: _____ Weight: _____

Blood Pressure: _____ Left eye vision: _____

Right eye vision:

Hearing:

◯ Pass ◯ Fail

ADDITIONAL NOTES

Additional Notes:

PARENT/GUARDIAN CONSENT

I, the undersigned, give consent for my child, named above, to participate in daycare activities. I authorize the daycare facility to seek medical treatment for my child if necessary.

Parent/Guardian's Name: _____

Signature:
Date: _____ dd / mm / yyyy