IMMUNIZATION

PREVIOUS ILLNESS RECORD:

SICKNESS	OR X	SICKNESS	OR X
CHICKEN POX		CHOLERA	
SMALL POX		SCARLET FEVER	
PNEUMONIA		RHEUMATIC FEVER	
TUBERCULOSIS		MUMPS	
BRONCHITIS		ASTHMA	
MEASLES		TONSILLITIS	
EPILEPSY		OTHERS	

ALLERGY/RESTRICTIONS (SPECIFY FOOD, DRUGS,ENVIRONMENT, ETC)

ALLERGY/RESTRICTION _____
REACTION:_____

ALLERGY/RESTRICTION _____
REACTION:_____

ALLERGY/RESTRICTION _____
REACTION:_____

MEDICAL RELEASE:

In the event of a medical emergency, I hereby consent to the transportation of my child to the nearest medical facility. In addition, I consent to medical treatment as deemed necessary by the attending physician/paramedics on duty. I release WeeLearn Daycare Center from any liability involved in the transport and treatment of my child

_____ _____

Parent/Guardian signature Date

_____ _____

Parent/Guardian signature Date

REACTION TO BITES/STINGS: _____

HAS YOUR CHILD EVER BEEN HOSPITALIZED? YES / NO _____

WHEN:

_____

REASON:_____

MEDIA RELEASE CONSENT:

I (WE) give WeeLearn Daycare center permission to photograph and/or video my child(ren) for program purposes to be used within the business of Wee Learn tied up with parents only. I understand that these photographs/video will not be reproduced or distributed outside the centre.

IF YOU DO NOT WISH FOR YOUR CHILD TO PARTICIPATE PLEASE CHECK THIS BOX [ ]

_____ _____

Parent/Guardian signature Date

_____ _____

Parent/Guardian signature Date

_____ _____

Authorized signature Date