

# CHILD'S PRE-ADMISSION HEALTH HISTORY

Mother's Name \_\_\_\_\_ Does mother live at home? \_\_\_\_\_  
Where employed \_\_\_\_\_ Position \_\_\_\_\_  
Father's Name \_\_\_\_\_ Does father live at home? \_\_\_\_\_  
Where employed \_\_\_\_\_ Position \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

The Following Information Is required if you intend to write checks for your tuition.

Mother's Social Security # \_\_\_\_\_ Father's Social Security # \_\_\_\_\_  
Mother's driver's license number \_\_\_\_\_ EXP date \_\_\_\_\_ DOB \_\_\_\_\_  
Father's driver's license number \_\_\_\_\_ EXP date \_\_\_\_\_ DOB \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_

## Past Illness (Please check)

\_\_\_\_\_ Chicken Pox (date: \_\_\_\_\_) \_\_\_\_\_ 10 Day Measles  
\_\_\_\_\_ Asthma \_\_\_\_\_ 3 Day Measles  
\_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Allergies

Any severe illnesses or accident in past? \_\_\_\_\_ Food/drink allergies? \_\_\_\_\_  
Does your child nap? \_\_\_\_\_ What time? \_\_\_\_\_

Any food dislikes? \_\_\_\_\_

Word your child uses for bowel movement \_\_\_\_\_

Word your child uses for urination \_\_\_\_\_

Parents Evaluation of child's personality \_\_\_\_\_

Does your family or child have medical Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

## GENERAL PERMISSION

If emergency medical care is necessary, I give you permission for any treatment deemed necessary by a physician and/or hospital of your choice.

Are there any activities in which you do not wish your child to participate? Yes \_\_\_\_\_ or No \_\_\_\_\_.  
If yes, please specify: \_\_\_\_\_

## MEDICATION

Due to the many problems that have occurred throughout the nation with administering medication properly in public and private schools, the Arizona Health Services have strongly recommended that medication should be administered by a registered nurse. New Day School is unable to provide a registered nurse, so you must make arrangements to administer medication to your child if necessary.

I give permission for NEW DAY SCHOOL to administer any of the following medications if deemed necessary by a staff employee:

Petroleum Jelly	Bactine Antiseptic	Calamine Lotion
Lotion	Neosporin Ointment	Diaper Rash Medication
Sunscreen	Bactracin Ointment	Lip Balm

List any medicine used for allergies: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_