

# Sunshine Kids Learning Center

(503) 385-7362

[debra@sunshinekidslearningcenter.com](mailto:debra@sunshinekidslearningcenter.com)

## MEDICAL FORM

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

Phone \_\_\_\_\_ Age of Child \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### Illnesses

Please Mark the following if applicable

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> HIV       |
| <input type="checkbox"/> Bee Allergies   | <input type="checkbox"/> Measles   |
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Mumps     |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Polio     |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Rubella   |
| <input type="checkbox"/> German Measles  | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Hepatitis       | <input type="checkbox"/> Other     |



### Limitations

Please list physical conditions  
That we should be aware of

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Additional Medical Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immunization record on file?  Yes  No

# Sunshine Kids Learning Center

(503) 385-7362

[debra@sunshinekidslearningcenter.com](mailto:debra@sunshinekidslearningcenter.com)

Permission is given for the following

\_\_\_ Provider is to call an ambulance if necessary

\_\_\_ Provider is allowed to take my child(ren) to a physician or hospital

\_\_\_ Please give my child his/her prescription when instructed (as prescribed by physician)

\_\_\_ Provider may give non-prescribed medications as instructed by parent

I understand that any medical expenses necessary are my responsibility.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

