



MEDICAL FORM & VERIFICATION OF IMMUNIZATIONS

Child's First Name _____ Child's Last Name _____

DOB _____ Male Female

Primary Care Physician _____ PCP Phone Number _____

Preferred Hospital _____

Child's Health Insurance Information

Does your child have health insurance? _____

Health Insurance Company _____ Policy/Member ID Number _____

Group Number _____ Insurance Phone Number _____

Policy Holder Name _____ Relationship to Student _____

Policy Holder Date of Birth _____ Policy Holder Phone Number _____

Medical Condition

Does your child have any medical conditions that the school needs to be aware of? YES NO

If yes, please explain _____

Prescribed Medication

Yes my child Does No my child Does Not

Require medication during the time attending Kid Station Childcare Center. If yes, the "Authorization to Administer Medication" Form must be completed.

Food Allergy

Does your child have any food allergies that the school needs to be aware of? YES NO

If yes, please explain _____

_____ I grant authority to Kid Station Childcare Center to facilitate any necessary medical emergency provisions for my child while present at this facility. I attest that any resulting financial obligations will be realized by me, the primary or secondary guardian.

_____ The Tennessee Department of Human Services Child Care Licensing guidelines state that every child registered with Kid Station Childcare Center must hold a current record of immunization. I have supplied a current copy to the center, and I attest that my child is up to date on their immunizations as required by the state of Tennessee.

_____ I give permission for Kid Station Childcare center to contact my child's physician's office to obtain and/or verify my child's immunization record, medical condition, food allergy, and health insurance information.

Print Name

Date

Signature