



# Point Pleasant Child Care Centre

## CHILDREN'S HEALTH RECORD

5651 Ogilvie Street

Halifax, NS. B3H 1B9

Phone (902) 429-5239

### CHILD'S INFORMATION

Child's Name:

Date of birth:

Physician's Name:

Physician's Address:

Physician's Telephone Number:

### IMMUNIZATION SCHEDULE

Are your child's immunizations up-to-date?

Yes

No

If no, please specify any outstanding:

**Note: Please attach a photocopy of the child's personal current immunization record if available.**

### PHYSICAL EXAMINATION RESULTS

Allergies

Food:

Drugs:

Environmental:

Other:

Recurring or chronic conditions: (i.e. ear infections, constipation, etc)



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### PERTINENT PAST MEDICAL HISTORY

Please note any medical condition that may place the child at risk in a child care program (i.e. asthma, cystic fibrosis, immunosuppressive disorders, etc.).

Please note any medical condition that would require or be improved by special child care programming interventions.

### COMMENTS

### CERTIFICATION

**I certify that this child is in good health and may take part in the child care program's activities.**

Physician's Signature:

Date: