



A CHILDS WORLD LEARNING ACADEMY
ENROLLMENT FORM
(813) 935-7777



MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Address: _____ Preferred Hospital: _____

LIST ALL MAJOR OPERATIONS/ HOSPITAL STAYS: _____

Was your child born prematurely? _____ If so how long? _____

COMMUNICABLE DISEASES: (Check ALL that your child has/has had)

Whooping cough: _____ Measles: _____ Chicken Pox: _____ Mumps: _____

Scarlet Fever: _____ German Measles: _____ Head Lice: _____ RSV: _____

Does your child have asthma? _____

Is your child on any daily medication? _____ If so list: _____

Has your child ever had convulsions? _____

Has your child ever had seizures? _____

Parents please state any information that would be beneficial to the staff in the event that your child should begin to have any medical problems stated above. _____

If my child, _____, should become ill or injured at

A CHILDS WORLD LEARNING ACADEMY, I understand that the facility will:

1. Contact me 2. Contact the emergency contact. In the event that neither can be reached I authorize the center to arrange for emergency medical treatment and the physician/staff to treat my child. I will accept responsibility for any and all medical bills.

 Parent/Guardian Signature

 Date

