A CHILDS WORLD LEARNING ACADEMY II

ENROLLMENT FORM

(813) 885-6262

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 II, 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