

MONARCH CHILD CARE SOCIETY
10210 – 108 AVENUE, EDMONTON, AB T5H 1A8

1. CHILD'S NAME _____
 2. DATE OF BIRTH: _____
 3. FAMILY PHYSICIAN OR PEDIATRICIAN: _____
 4. PLEASE CHECK WHICH CONTAGIOUS DISEASES YOUR CHILD HAS HAD:

_____ RED MEASLES	_____ GERMAN MEASLES
_____ MUMPS	_____ SCARLET FEVER
_____ CHICKEN POX	_____ WHOOPING COUGH
_____ NONE	_____ OTHER (please specify)
 5. WHAT SERIOUS ILLNESS, IF ANY, HAS YOUR CHILD HAD?

 6. IS YOUR CHILD RECEIVING ANY ON-GOING MEDICATION?

 7. DOES YOUR CHILD HAVE ANY RECURRING MEDICAL PROBLEMS? (if so please describe) _____

 8. DOES YOUR CHILD HAVE ANY ALLERGIES? _____

 9. DESCRIBE YOUR CHILD'S TYPICAL REACTION TO ILLNESS/STRESS (will he/she tell staff?) _____

 10. DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? _____

 11. OTHER INFORMATION WHICH WILL BE HELPFUL TO STAFF _____

- PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

PARENT/GUARDIAN SIGNATURE

DATE