



THE BARNYARD
DAYCARE AND LEARNING CENTER

Health Inventory

Healthcare provider information

Doctor: _____ Dentist: _____

Office Phone: _____ Office Phone: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Health inventory

Is your child healthy? Yes No

If no, please explain: _____

Has your child had any serious illnesses? Yes No

If yes, please explain: _____

Has your child had any operations? Yes No

If yes, please explain: _____

Does your child receive daily medication? Yes No

If yes, please fill out the **Routine Medication Administration Form**

Does your child have any known allergies (e.g., insect bites, food, medicine, etc.)? Yes No

If yes, please explain: _____

Is there anything else you'd like us to know about your child's health? _____

Please attach a copy of your child's immunization record.

NO EXEMPTIONS ACCEPTED

Update us whenever an immunization is received!