Colorado Academy

3800 S. Pierce Street, Denver, CO. 80235

Summer Camp Programs

FAX: 303. 914.2589

Attn: Megan Jensen

CHILD HEALTH FORM

(TO BE COMPLETED BY THE CHILD'S PEDIATRICIAN)

Child's Name: _____ M/F: ____ Date of birth:_____

HEALTH HISTORY
(chronic or recurring)

_____Ear Infections _____Asthma

_____Diabetes _____Mumps

_____Heart disease/defect _____Measles

_____ Convulsions/seizures _____ Mumps

_____Chicken Pox _____ Flu or Flu shot

ALLERGIES
(nature of reaction)

_____Hay Fever _____ Animals

_____ Plant Poisoning _____ Food

_____ Insect stings _____ Other

____ Penicillin _____Other Drugs

Surgery/Accidents/Illness/Chronic Health/Problems: _____

_____

Is the child on any medications? (Explain): _____

Operations: _____

Physical condition requiring special care: _____

Are there any dietary limitations: _____

Vision: _____ Hearing: _____

Does the child require a Health Care Action Plan? Yes_____ No_____

Date of most recent examination of child: _____ Result: _____

Immunization Status: A copy of an up-to-date immunization record is required for school enrollment.
Immunizations are up to date? Yes____ No _____ Needs_____
Comments/Recommendations to our Early Childhood Personnel? _____

Signature of Professional Health Professional

_____

Print Name: _____

Date: _____

OFFICE STAMP