

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent of Guardian \_\_\_\_\_

**A. Medical History** (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

3. Is the child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ ;  
diabetes No \_\_\_ Yes \_\_\_ ; convulsions No \_\_\_ Yes \_\_\_ ; heart trouble No \_\_\_ Yes \_\_\_ .  
If others, what/when? \_\_\_\_\_

6. Does the child have any physical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Any mental disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**B. Physical Examination:** This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height \_\_\_\_\_ % Weight \_\_\_\_\_ %

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_

Throat \_\_\_\_\_ Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_

Ext \_\_\_\_\_ Neurological System \_\_\_\_\_ Skin \_\_\_\_\_

Results of Tuberculin Test, if given: Type \_\_\_\_\_ date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

\_\_\_\_\_  
Date of Examination \_\_\_\_\_

Signature of authorized examiner/title \_\_\_\_\_ Phone # \_\_\_\_\_



**PARK ROAD BAPTIST  
CHILD DEVELOPMENT CENTER  
PERMISSION TO RELEASE FORM**

Only the people on this list will be able to take

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CHILD'S NAME

from Park Road Baptist Child Development Center:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**TRAVEL AND ACTIVITY  
AUTHORIZATION AND RELEASE FORM**

The understand parent(s) acknowledging the fact that from time to time the below named child (or children) in the care and custody of the Park Road Baptist Child Development Center will be participating in field trips, walks, or rides off the premises of said Center, for and in consideration of the Center's agreement to undertake the care and custody of said child (children) whose name(s) appears below, off the premises of the Center on field trips, walks or rides, when such activity constitutes a part of the program of the Center; and does hereby remise and release and forever discharge said Center from any liability whatever arising out of any accident or injury which may occur during the course of such activity or program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian



## OINTMENT AND SUNSCREEN PERMISSION FORM

For diaper changing, first-aid needs and sunscreen use.

I give my permission for the following ointment(s)/sunscreen to be used on:

\_\_\_\_\_ (name of child)

\_\_\_\_\_ Diaper Cream (specify type) \_\_\_\_\_

\_\_\_\_\_ Vaseline

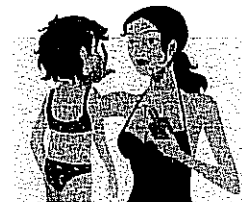
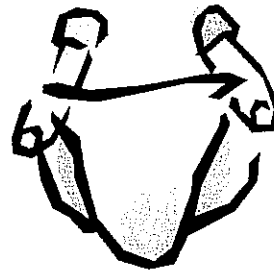
\_\_\_\_\_ Baby Powder

\_\_\_\_\_ Lotion

\_\_\_\_\_ Bug Spray

\_\_\_\_\_ Sunscreen (specify type) \_\_\_\_\_

\_\_\_\_\_ Other



Please specify if there's a product that your child is allergic/sensitive to:

\_\_\_\_\_

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Date



RE: Filming and Photographing of Children

Dear Parents:

Because of an increase in the interest in day care throughout the state, the news media and other organization, from time to time, wish to film or photograph segments of the Center's daily routine for purposes of a news report or other documentary. Also, teachers and parents often like to take photographs during the year for classroom and family albums. Such filming or photographing often includes pictures of our children engaged in various learning and play activities.

We are glad to cooperate in these endeavors because we feel it focuses attention and helps promote the development of quality day care.

In order to better protect the interests of all on these occasions, your consent to having your child or children including in such filming or photographing is necessary. Please sign the consent line below and return this letter to the office. It will be maintained in our files as part of our records.

My child \_\_\_\_\_  
may be included in filming and  
photographing is described above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date