LCH Learning Center
5600 W. Ken Caryl Ave.
Littleton, CO 80128
303-978-9218
Fax 303-978-9010

Little Chicks and Hatchlings
5877 W. Elmhust Ave.
Littleton, CO 80128
720-922-7957
Fax 720-981-2568

Health Form For Child Care

This form needs to be signed by a physician. We also need Colorado School Approved immunization records and medication forms (if medication needs to be administered).

Child's Name _____ Birth date _____Child's age at exam _____
Date of exam _____ Weight _____ Height _____ Vision _____Hearing _____
Immunizations given _____ Up to date? _____
(please provide a copy of the child's Colorado School approved immunization record, plan or signed exemption)

Describe any recurrent health problems (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development._____
Special diet _____Can have whole milk? ____ Eat table food? _____
Allergies_____
Type of reaction _____
Treatment_____
Current medications _____
Reason _____
(Medications to be administered at daycare must be accompanied by an authorization for medication form signed by the physician. Long term medication authorizations must be accompanied by a health plan)

Acetaminophen (exact product name) _____amount_____Route_____Freq_____
Ibuprofen (exact product name) _____amount_____Route_____Freq_____
may be administered for fever over 100° or pain every 4 hours as needed for no more than a three day period, without additional medical authorization. **This authorization expires on the due date of the child's next medical exam.**

Diaper ointment/cream that may be applied _____
(Note: if skin is broken or bleeding, specific instructions from the health care provider are necessary)

Date of next well child checkup as recommended by health provider_____ Age of child at next well child check up_____
(The State of Colorado require health updates at 2, 4, 6, 9, 12, 18, 24 months; then every year after)

Health care providers Name _____ Date _____
Health care providers Signature_____
Address _____
Phone _____ Fax _____

I _____(parent) give consent for my child's health care provider and child care provider to discuss my child's health concerns.

Parent Signature _____ Date _____