# Child Health & Medical Record

Wylari

Everything care staff need to know to keep your child safe and well. Update whenever anything changes.

Child's full name | Date of birth | Date completed

Physician | Phone | Dentist (if any) | Phone

Insurance provider | Policy # | Date of last physical

## ALLERGIES

| Allergen (food, medication, insect, environmental) | Reaction | What to do |
|---|---|---|
| | | |
| | | |
| | | |

☐ No known allergies  Epinephrine auto-injector on site?  ☐ Yes  ☐ No

## CURRENT MEDICATIONS

| Medication | Dose | When given | Notes |
|---|---|---|---|
| | | | |
| | | | |

Anything given at daycare needs its own signed medication authorization and must arrive in the original container.

## HEALTH HISTORY & CONDITIONS

☐ Asthma  ☐ Seizures  ☐ Diabetes  ☐ Heart condition  ☐ Hearing / vision concern  ☐ Feeding / swallowing concern  ☐ Other

Details for anything checked (triggers, warning signs, what helps)

Anything else that helps us care for your child (dietary needs, mobility, sensory, developmental notes)

## IMMUNIZATIONS

☐ Current immunization record attached  ☐ Exemption on file (form per state rules)

Most states require the official immunization record or exemption form in the child's file — this page doesn't replace it.

## SIGNATURE

Parent / guardian signature | Date