



MEDICAL HISTORY

*Please attach a copy of immunization report.

Immunizations must be submitted and up to date in order for your child to attend Something Good in the World's programs.

Has your child suffered from any serious illnesses? If so, at what age.

Ear ache (how often) _____

Stomach ache (how often) _____

Is your child susceptible to nose bleeds? _____

Does your child have frequent colds? _____

Seizures (please indicate type and treatment) _____

Is your child currently taking medication? If so, what kind and how often? _____

Does your child have any allergies? If so, please specify what he/she is allergic to

How does the allergy manifest? (asthma, hay fever, hives, rash . . .)

Is your child undergoing specific treatment for allergies? If so, please describe

Has your child ever been put on antibiotics? No Yes Number of times _____

Do you use Homeopathic remedies for your child's illnesses? _____

Is your child on a specific diet? If so, please explain _____

Please indicate child's blood type, if known _____

Has your child had any serious accidents? If so, please explain _____

Please use the following space for any additional comments or information you may have.

IN THE CASE OF A LIFE THREATENING SITUATION, OUR PROTOCOL IS TO CALL 911 FIRST, AFTER WHICH THE PARENTS OR EMERGENCY CONTACTS WILL BE CALLED IMMEDIATELY.

I have read and agree with the following statement and verify that the information I have provided is current and accurate.

Name of Parent/Guardian _____ Signature _____ Date _____

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