

Health Record

Name of Child _____ Date _____

We are required by Idaho State Law (Idaho code 39-1118) to keep current immunization records on file. Please provide documentation of your child's immunization record. A Certificate of Exemption is required to be exempt from immunizations. Immunization records or an exemption form must be on file before your child may attend.

My child has had these communicable diseases: (Give approximate dates)

Chicken Pox _____ Mumps _____ Measles _____

Are there any medications taken regularly by your child? Please list: _____

Has your child had a recent medical check-up? _____ What were the results? _____

Health problems North Idaho Kids Academy needs to be aware of:

Allergies _____

Epi-Pen Required? Yes or No (circle one)

Eczema _____ Vision Loss _____ Hearing Loss _____

Seizures _____ Asthma _____ Diabetic _____

Autism _____ ADHD _____ Other _____

Please explain anything you feel we need to know about your child's health: allergies, behavior, special needs, etc.

Has your child ever received services from:

Harding Family Center _____ Physical Therapy _____ Speech Therapy _____

Occupational Therapy _____ Developmental Disabilities Agency _____

Infant/Toddler Program _____ Other _____

North Idaho Kids Academy is not a special needs school.

***In case of a medical emergency or emergency relocation, permission is granted to North Idaho Kids Academy to meet the needs of my child in caring for the emergency. I, the parent/guardian, agree to care for the expenses so incurred. Please provide Dr's Name, phone number and insurance information below.**

Dr's Name _____ Phone# _____ Insurance Provider/Policy # _____

THE ABOVE INFORMATION IS CORRECT AS OF THIS DATE: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____