



2024 Health Record

Child's Name: _____ Sex: _____ DOB: _____

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Dentist's Name: _____ Phone: _____

Dentist's Address: _____

State regulations require that each child's medical history, along with a current immunization certificate and well-child visit form, be updated annually.

Check Illnesses the child has had:

German Measles ___ Measles ___ Chicken Pox ___ Mumps ___ Scarlet Fever ___

Rheumatic Fever ___ Strep Throat ___ COVID-19 ___

Allergies (Type): _____ Drug Reaction: _____

Medications: _____ Dosage: _____

Surgery, Accidents, Other illnesses, or Special Problems: _____

(Turn over for page 2)

Is this child free from illness and communicable disease? _____

Is this child in good health? _____

Is this child's immunizations up to date? _____

_____ I give Barre City Kids permission to obtain my child's immunization records from the Vermont Immunization Registry, located online (please initial on the provided line).

If I do not agree to this, I understand that I must provide a copy of my child's immunization record before care can begin. This must be updated yearly.

Additional relevant information: _____

I give Barre City Kids permission to give my child the following when needed (please initial beside each item):

___ Sunscreen

___ Bug Spray

___ Diaper rash ointment

Prescription and over-the-counter medications shall not be given to a child except as authorized by a licensed physician and/or with a written daily request of the parent or guardian. Medication shall not be given to a child if the expiration date has passed.

(Parent/ Guardian Signature)

(Date)