

Teays Valley Child Development Center

4345-B Teays Valley Road
Scott Depot, WV 25560
(304) 757-9165 Fax (304) 757-0529

Tonya Neal, Director

A ministry of Scott Depot Christ Fellowship

Dr. Rodney Taylor, President

Child Health Record

To be completed by parent or guardian:

Child's Name _____ Date of Birth _____

Address _____ Sex _____

I, _____, give permission to obtain or release any necessary health information on my child.

Child's primary physician

Physician's Name _____ Phone _____

Address _____

To be completed by physician:

Health History:

Last check up was: _____ Weight= _____

Height = _____ Bp = _____

Does the child have any chronic illness requiring medication or special precautions in a child-care setting, such as recurrent ear infections, seizure disorder, or allergies? If so, please list illnesses.

Are there any factors that could influence this child in adapting to a child care center, such as physical impairment, sensory loss, or development irregularities?

Are there any medical factors pertinent to diagnosis and treatment in case of an emergency?

Any recommended limitations or modifications of activities or diet?

Please note any relevant family, social, or health characteristics:

Physician's Signature _____ Date _____

Please include WV Provisional Certificate of Immunization