

Daycare Physical Form

Child's Information

Personal Details:

Name:

Date of Birth:

Phone Number:

Home Address:

Emergency Contact:

Name:

Relationship:

Phone Number:

Email Address:

Medical History

Immunization

Physical Examination

Height: _____ in/cm

Weight: _____ lbs/kg

Blood Pressure: _____ mmHg

Hearing: Pass Fail

Vision: Right Eye: _____ (20/____) Left Eye: _____ (20/____)

Additional Notes

Parent/Guardian Consent

I, the undersigned, give consent for my child, named above, to participate in daycare activities. I authorize the daycare facility to seek medical treatment for my child if necessary.

Parent/Guardian's Name:

Signature:



Date: