



Medical Record

(To be filled out by parent or guardian)

Child's Name: _____ Birthdate: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ Phone Number: _____

Health History

(Please indicate "Yes" if your child has any of the following)

Frequent colds/sore throats: _____ Allergies: _____

Frequent earaches/ear Infections: _____ Hay Fever: _____

Eczema _____ Asthma: _____

Headaches _____ Seizures: _____

Authorization for Emergency Treatment

I, the undersigned, authorize St. James Lutheran Early Education Center to take whatever emergency medical measures that are deemed necessary for the care and protection of my enrolled child.

Parent Signature

Date

Authorization to Apply Hand Lotion and Sunscreen

I, the undersigned, authorize St. James Lutheran Early Education Center staff to apply sunscreen and hand lotion on my child when deemed necessary. SJLEEC will provide Aquaphor lotion in the classrooms to apply as needed on dry/chapped hands. SJLEEC will provide Children's sunscreen of at least 50 SPF to be applied as needed during the summer months. Sunscreen will be applied twice daily to your child's arms/face/ears/neck. If you would like a specific type of lotion or sunscreen applied, parent may supply their own labeled with child's first and last name.

Parent Signature

Date