CENTER **PARK CHILDREN'S DAY SCHOOL**

NAME: 4 West 76th Street

ADDRESS: New York, NY 10023

BORO: Phone 212-288-3247 Fax 212-787-1330

316K (REV. 8/02)

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BUREAU OF DAY CARE

DAY CARE CUMULATIVE HEALTH RECORD

Date of Admission ____/____/____

TO BE COMPLETED BY PARENTS/GUARDIANS AND DAY CARE STAFF

NAME: *(Last)*	*(First)*	*(Middle)*	SEX F ☐ M ☐	DATE OF BIRTH Country/State of Birth	
ADDRESS: *(No.)*	*(Street)*	*(City/Boro)*	*(State)*	*(Zip)*	
MOTHER'S NAME: *(First)*	*(Last)*	FATHER'S NAME: *(First)*	*(Last)*	TELEPHONE NO Home: Work:	
FOSTER PARENT					
FOSTER AGENCY		ADDRESS		TELEPHONE #	
LANGUAGE SPOKEN IN HOME					

PERSON/S TO CONTACT IN CASE OF EMERGENCY *(Other Than Parent)*

NAME	RELATIONSHIP TO CHILD
ADDRESS	TELEPHONE NO. Home: Work:

NAME OF MEDICAL PROVIDER, CLINIC OR HOSPITAL

NAME	CONTACT PERSON	PATIENT NO.
ADDRESS	TELEPHONE NO.	

SIGNIFICANT FAMILY HISTORY		IS CHILD ALLERGIC TO ANY:
(____) Sickle Cell	(____) Heart Disease	(____) Medications *(Specify)*
(____) Diabetes	(____) Hypertension	(____) None
(____) Convulsive Disorder	(____) Tuberculosis	(____) Foods *(Specify)*
(____) Allergies *(Specify)*	(____) Vision	(____) Insect Bites
(____) OTHER *(Specify)*	(____) Hearing	(____) OTHER

HOSPITALIZATIONS AND ILLNESSES	YES	NO	EXPLAIN
Has child ever been hospitalized or operated on?			
Has child ever had a serious accident (broken bone, head injury, fall, burns, poisoning)?			
Has child ever had a serious illness?			

SPECIAL HEALTH CONDITIONS (Long term or chronic)	AGE IT BEGAN	TREATMENT/MEDICATIONS
1.		
2.		
3.		
4.		
5.		

I,_____ hereby certify that information provided herein is complete and accurate.

CONSENT FOR EMERGENCY MEDICAL TREATMENT *(REQUIRED FOR ADMISSION TO DAY CARE)*

I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

SIGNED_____ DATE_____ RELATIONSHIP_____

Subscribed and sworn to before me this ____ day of _____ 19 ____

_____ _____

Notary Public or Commissioner of Deeds (OPTIONAL) County of