The Day Care Center at Ivy League

197 Brooksite Drive Smithtown, NY 11787
Phone: 631-656-9702 • Fax 631-656-9703

Health Survey

(TO BE COMPLETED BY PARENT/GUARDIAN UNLESS OTHERWISE NOTED)

PERSONAL INFORMATION

CHILD'S NAME

PARENT 1 | CELL OR BEEPER | BUSINESS PHONE

PARENT 2 | CELL OR BEEPER | BUSINESS PHONE

HOME PHONE

CHILD'S MEDICAL HISTORY

DATE OF BIRTH	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	DISTINGUISHING MARKS

1. Special medical conditions____________________
2. Chronic illnesses ____________________
3. History of serious injuries or hospitalizations of which we should be aware ____________________
4. Special dietary needs ____________________
5. Physical restrictions ____________________
   Hearing concerns ____________________
   Vision concerns ____________________
   Dental conditions needing special attention ____________________
6. Is your child able to fully participate in all of the activities offered by The Day Care Center at Ivy League? ☐ Yes ☐ No
   If no, please explain. ____________________
7. Does your child function at the level of other children in his or her age group? ☐ Yes ☐ No
   If no, please explain. ____________________
8. Is your child able to walk? ☐ Yes ☐ No
   If no, please explain. ____________________
9. Is your child toilet trained? ☐ Yes ☐ No
10. Can your child communicate his or her needs? ☐ Yes ☐ No

Please note if your child has had any of the following (please check all that apply):

- ☐ Frequent colds/upper respiratory infections
- ☐ Frequent sore throats
- ☐ Frequent ear infections
- ☐ Frequent skin rashes
- ☐ Heart Disease
- ☐ Lung disease/shortness of breath
- ☐ Seizures/convulsions
- ☐ Frequent nosebleeds
- ☐ Fainting spells
- ☐ Asthma/breathing problems
- ☐ Abdominal (stomach) pain
- ☐ Urinary tract infections/problems
- ☐ Persistent diarrhea
- ☐ Persistent constipation
- ☐ Vision/hearing problems
- ☐ Diabetes
- ☐ Other____________________

ALLERGY/DIET INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES? ☐ Yes ☐ No If yes, please list allergies and type of reaction below.

MEDICATION ALLERGIES	FOOD ALLERGIES	HAYFEVER/SEASONAL
ANIMALS	DUST	OTHER

Please note, if any allergy is severe or life threatening, The Day Care Center at Ivy League will need a completed emergency action plan from you and your physician.

DOES YOUR CHILD REQUIRE A SPECIAL DIET? ☐ Yes ☐ No If yes, please specify below.

CHILD'S MEDICAL PROVIDER INFORMATION

PRIMARY CARE PHYSICIAN PRACTICE/CLINIC NAME

PCP ADDRESS PCP PHONE

PREFERRED HOSPITAL/CLINIC FOR ACUTE CARE AND ER CARE *(SEE BELOW FOR EMERGENCY PROTOCOL)*

MEDICAL POLICIES

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with state child care licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious. If my child becomes ill with fever, I understand that my child may return to daycare after no fever presents itself for a minimum of 24 hours.
5. In case of a medical or other emergency while my child is under the center's supervision, I understand that The Day Care Center at Ivy League will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize The Day Care Center at Ivy League to act on my behalf and to take the emergency measures including those listed below if deemed necessary by staff or by medical authorities for the care and protection of my child. I authorize The Day Care Center at Ivy League to: Consult my child's physician if I cannot be reached; Administer first aid/CPR if necessary; Transport my child via ambulance or other emergency medical served to a local hospital if deemed necessary by a health professional; Obtain any emergency medical treatment deemed necessary by medical authorities.
6. I must complete any state-specific medical authorization forms required by New York State child care licensing regulations.
7. I authorize The Day Care Center at Ivy League to administer to my child topical non-prescriptions medications as needed, according to the dosage instructions on the medication container. For any other non-prescription medication, I will provide written authorization to administer the medication in addition to written instructions from my child's health care professional or me, as required. For any prescription medication, I will complete necessary authorization forms with my signature and understand the prescription label dosage must be followed. I will provide the medication in its original container with the pharmacist's label.

I certify that I have read, understand and accept all of terms and conditions described in the Application.

Parent/Guardian Signature:____ Date:______________________Center Director Initials:__________

IMMUNIZATION HISTORY/PHYSICIAN'S STATEMENT (TO BE COMPLETED BY A PHYSICIAN)

Parent and Physician – Please Note: The Bureau of Child Development and Parent Education indicates that Section 2164 of the Public Health Law, amended, mandates pre-admission immunization against polio, measles, rubella and diphtheria. The only exceptions are those children with valid medical exemptions. Please indicate ALL doses and dates of immunizations.	**DTP** - 2, 4, 6, & 12 MONTHS	**OPV** - 2, 4, 6 MONTHS, 4-6 YEARS	**OTHER IMMUNIZATIONS -**
	MMR– 12-15 MONTHS, 4-6 YEARS	**HEB** - BIRTH, 2, 6 MONTHS	
	HIB - 1-2, 4 MONTHS, 1 YEAR	**VARICELLA** - 1 DOSE	**LEAD SCREEN** - DATE/RESULTS

1. Does the child have any health/medical condition(s) that could result in an emergency at the child care location? ______________________________
2. Date of last physical examination?___________________________
3. Is the child free of any infectious or communicable diseases? ☐ Yes ☐ No
   If no, are there any infectious or communicable diseases that would preclude enrollment into the child care program? ______________________________
4. Are this child's immunizations complete and up to date? ☐ Yes ☐ No
   If no, please explain.______________________________
5. Are there any indications that the child should not participate in routine day care activities? ☐ Yes ☐ No
6. Is the child currently under medical treatment? ☐ Yes ☐ No
   If yes, please explain. ______________________________
7. Please list any medications this child takes. ______________________________
8. Do any medications need to be administered at day care? ☐ Yes ☐ No
   If yes, please list specific medications, dosage and frequency instructions and attach a prescription for the medication to be administered.
9. As a physician, please provide any additional information that you feel is important for The Day Care Center at Ivy League to know about this child.

PHYSICIAN NAME	PHONE NUMBER	NAME OF PRACTICE OR CLINIC
ADDRESS	FAX NUMBER	LIC #
SIGNATURE		DATE