



Child Health History School Age Programs

In accordance with K.A.R. 28-4-590(d)(1), each school age program operator shall obtain a health history for each child or youth. Each health history shall be maintained in the child's or youth's file on the premises.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ Gender _____
MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home/Cell Phone Number _____

Home/Cell Phone Number _____

Work Phone Number _____

Work Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____

Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Child's Physician Name & Phone Number _____

Physician Address _____

Hospital Preference (for emergencies): _____

List any allergies or medical conditions of child:

List any non-prescription or prescription medication the child will take during their time at the program:

Provide additional information that will help staff meet the needs of the child (attach additional page if needed):

Parent/Guardian Signature: _____ Date: _____

Child Health History (continued) Immunizations

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

K.A.R. 28-4-590(d)(2), Each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

K.A.R. 28-4-590(d)(4) Children or youth who are currently attending or who attended in the preceding school year a public or accredited non-public school in Kansas, Missouri, or Oklahoma shall not be required to provide documentation of current immunizations or exemptions from immunizations.

Do not provide immunization or exemption information if the child or youth is currently attending, or was attending during the previous school year at, a public or accredited non-public school.

Vaccine	Record the date (MM/DD/YY) each dose of vaccine was received				
	1 st	2 nd	3 rd	4 th	5 th
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A (Hep A)					
Hepatitis B (Hep B)					
Measles, Mumps, Rubella (MMR)					
Pneumococcal disease (PCV15, PCV20)					
Poliomyelitis (IPV)					
Varicella (VAR)					
Respiratory syncytial virus (RSV) – Recommended, not required					
Rotavirus (RV) – Recommended, not required					
Influenza – Recommended, not required					
I attest that to the best of my knowledge the immunization information entered is true and correct.					
Parent/Guardian Signature: _____ Date: _____					

If your child is exempted from the law requiring immunizations, K.S.A. 65-508(g), check either (A) or (B) below and complete as required.

(A) Certification from licensed physician stating that immunization would endanger the child's life. Child is exempt from the following immunizations:

_____DTaP _____Hib _____Hep A _____Hep B _____MMR _____PCV15/PCV20 _____IPV _____VAR

Physician's Signature (required): _____ Date: _____

(B) My child is exempt under the law from immunizations. As the parent or legal guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Parent/Guardian Signature: _____ Date: _____



Authorization for Emergency Medical Care

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license	License #
Nelson Elementary SAP - #42718, Freeman Elementary SAP - #42725, Prairie Elementary SAP - #61570	
Oatville Elementary SAP - #42716 Rex Elementary SAP - #42719, Ruth Clark Elementary SAP - #42917, Haysville Activity Center - #48593	

I authorize _____ HRD & Staff Members _____ (*caregiver/staff*) who is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (*child's first and last name*) while child or youth is in the facility's custody between ___08/12/26___ and ___05/18/27___.
MM/DD/YYYY MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is off premised from the facility.