



# Rehoboth Early Childhood Center

## Health Consent Form

### PRE-K 2019-2020

**Parents:** please answer the following medical information regarding the student. This includes any medical prescriptions and conditions your child may have. This information will help us to prepare and provide a safe environment for your child.

Student First Name	MI	Last Name

#### Medical:

Who is your child's primary care physician?

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What is the phone number to your primary care physician or hospital? \_\_\_\_\_

#### Medications:

Is your child currently prescribed any medications by your child's physician?

- Yes
- No

If yes, please list the medications: \_\_\_\_\_

Please check whether we may give the student the following over the counter medication on an as-needed basis:

- |                                    |                                   |                                |
|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Tylenol   | <input type="checkbox"/> Cough    | <input type="checkbox"/> Midol |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Medicine |                                |
| <input type="checkbox"/> Benadryl  | <input type="checkbox"/> Antacids |                                |

#### Allergies:

Please list ALL student's food, medication, or other allergies along with a brief description:

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#### Special Diets

Is there any special diet requirements that a licensed physician has given for the student?

- Yes
- No

If yes, you will be contacted before the next school year begins. Please note, RCS may not be able to fully accommodate all dietary restrictions.

#### Sunscreen:

I agree to provide sunscreen to RECC and give permission for the RECC staff to apply it to my child as needed.

- Yes
- No

#### Bug spray:

I agree to provide bug spray to RECC and give permission for the RECC staff to apply it to my child as needed.

- Yes
- No

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**Hospitalization/Accident:**

Has your child been hospitalized or diagnosed with any serious illness in the past year?

- Yes
- No

If yes explain: \_\_\_\_\_

Has your child had an accident or serious injury in the past year?

- Yes
- No

If yes explain: \_\_\_\_\_

**Permission to Transport:**

If a medical emergency were to arise with your child, we will need permission to treat your child or to have your child transported in an ambulance or by a Rehoboth Christian School (RCS) staff.

I give permission to have my child transported by RCS staff for medical care, if needed.

- Yes
- No

In an event of an emergency, do we have permission to treat?

- Yes
- No

In an event of an emergency, do we have permission to have child transported in an ambulance?

- Yes
- No

**Vision:**

Does your student need glasses or prescription eyewear?

- Yes
- No

**Other Concerns:**

Do you have any concerns for your child of the following?

(circle): Vision      Hearing      Speech      Dental      Other: \_\_\_\_\_

Is there any health conditions or physical limitations that we should be aware of?

- Yes
- No

If yes, please give a description: \_\_\_\_\_

**If a child becomes ill, but it is not an emergency, we will isolate him/her from the other children and contact his/her parents/guardians.**

**Please sign below that all medical information has been provided to school.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date