

# Kid Health Sheet

Fill it once. Update the one line that changes. Refresh yearly at the well visit.

## ■ CHILD

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Weight (for dosing) \_\_\_\_\_ Blood type (optional) \_\_\_\_\_

## ■ ALLERGIES

Biggest first. Reaction + what to do.

Allergy \_\_\_\_\_ Reaction / what to do \_\_\_\_\_

Allergy \_\_\_\_\_ Reaction / what to do \_\_\_\_\_

## ■ CONDITIONS & CURRENT MEDS

Copy meds straight off the label.

Condition / diagnosis \_\_\_\_\_ Notes \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

## ■ PROVIDERS & PHARMACY

Pediatrician / phone \_\_\_\_\_

Dentist / phone \_\_\_\_\_ Specialist / phone \_\_\_\_\_

Pharmacy / phone \_\_\_\_\_

## ■ INSURANCE

Plan \_\_\_\_\_ Member ID \_\_\_\_\_ Group # \_\_\_\_\_

## ■ IN AN EMERGENCY, CALL

1. Name / phone \_\_\_\_\_

2. Name / phone \_\_\_\_\_

## ■ FORMS & DEADLINES

Check it once it is done.

Sports / camp physical due \_\_\_\_\_

Immunization record due \_\_\_\_\_

Camp or school health form due \_\_\_\_\_

Medication authorization due \_\_\_\_\_

## ■ CONSENT TO TREAT

The line many camps and sitters ask a parent to sign. Confirm what yours requires.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_