



## THE MUSTARD SEED HEALTH HISTORY FORM

According to the State of Washington Department of Social and Health we must have on record in our office.

- the date of each child's most recent physical examination, or
- the date of the child's most recent visit to a licensed health care professional.

Your child must have a yearly exam or have been seen by a licensed health care professional each year. It is the goal of the state of Washington that each child be under the regular care of a health care professional.

If your child has not been in for an exam / visit at your earliest convenience, then notify our office.

Doctor's Name -----Phone-----  
 Dentist's Name-----Phone-----  
 Date of Last Physical:-----Dates of Hearing-----Vision-----

Has your child had any of the Diseases listed below:

Yes/No	Date	Yes/No	Date	Yes/No	Date
Bronchitis-----		Measles -----		Hearing Loss-----	
Chicken Pox-----		Allergies-----		Drug Reaction-----	
Hepatitis-----		Earaches/Discharge-----			

If your child has food allergies restricting his/her diet. We must have written instructions from the child's physician indicating those foods to be avoided.

List congenital conditions, unusual injuries, operation, and traumatic experiences the child has had.

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Has your child had illnesses other than listed above?

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### Emergency Release

**In the event that I cannot be located, I hereby give my consent to the Mustard Seed Childcare staff to administer first aid, call for emergency medical help, and transport my child to a medical facility to treat my child. I expect that a conscientious effort will be made to locate me or my designates.**

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**Authorized Signature**

**Date**

