

**MONARCH CHILD CARE SOCIETY**  
**10210 – 108 AVENUE, EDMONTON, AB T5H 1A8**

1. CHILD'S NAME \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_
3. FAMILY PHYSICIAN OR PEDIATRICIAN: \_\_\_\_\_
4. PLEASE CHECK WHICH CONTAGIOUS DISEASES YOUR CHILD HAS HAD:

_____ RED MEASLES	_____ GERMAN MEASLES
_____ MUMPS	_____ SCARLET FEVER
_____ CHICKEN POX	_____ WHOOPING COUGH
_____ NONE	_____ OTHER (please specify)

5. WHAT SERIOUS ILLNESS, IF ANY, HAS YOUR CHILD HAD?  
\_\_\_\_\_
6. IS YOUR CHILD RECEIVING ANY ON-GOING MEDICATION?  
\_\_\_\_\_
7. DOES YOUR CHILD HAVE ANY RECURRING MEDICAL PROBLEMS? (if so please describe) \_\_\_\_\_  
\_\_\_\_\_
8. DOES YOUR CHILD HAVE ANY ALLERGIES? \_\_\_\_\_  
\_\_\_\_\_
9. DESCRIBE YOUR CHILD'S TYPICAL REACTION TO ILLNESS/STRESS (will he/she tell staff?) \_\_\_\_\_  
\_\_\_\_\_
10. DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? \_\_\_\_\_  
\_\_\_\_\_
11. OTHER INFORMATION WHICH WILL BE HELPFUL TO STAFF \_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE