

# HEALTH SCREENING FORM



**CHILDREN'S CENTER**  
Student Affairs  
875 Perimeter Dr. MS 4101  
Moscow ID 83844-4101  
208-885-6414  
208-885-9505 (Fax)  
uikids@uidaho.edu  
uidaho.edu/student-affairs/  
childrens-center

## **Parent Authorization for Release of Medical Information**

Child's Name:

Child's Date of Birth:

Please provide information on the above-named child using the form below. I hereby authorize release of medical information contained in this report to the University of Idaho Children's Center.

Parent Signature:

## **Physician's Report**

Date of child's last complete health evaluation:

Please check which statement is applicable:

\_\_\_\_\_ Child **is** physically and emotionally able to participate in the childcare program

\_\_\_\_\_ Child is **not** physically and/or emotionally able to participate in the childcare program

Describe any conditions or allergies requiring special attention during the child's attendance at the childcare center.

List any prescribed medications or special routines that should be accommodated during the child's attendance at the childcare center:

Physician's Signature:

Date:



MOSCOW

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COEUR D'ALENE

IDAHO FALLS

STATEWIDE RESEARCH AND EXTENSION