

# Suncrest Childcare & Early Learning Center

Suncrest United Methodist Childcare Ministries  
479 Van Voorhis Rd., Morgantown, WV 26505 Phone: 304-641-7625

## Medical History

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

**Medical Conditions: (check all that apply)**  
**Allergies: (Please describe serious allergies & treatment below)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma (list treatment below)     | <input type="checkbox"/> Medicine               | Life threatening? Y/N (describe below) |
| <input type="checkbox"/> Cardiac (list treatment below)    | <input type="checkbox"/> Insect bites           | Life threatening? Y/N (describe below) |
| <input type="checkbox"/> Seizures (list treatment below)   | <input type="checkbox"/> Latex                  | Life threatening? Y/N (describe below) |
| <input type="checkbox"/> Diabetes (list treatment below)   | <input type="checkbox"/> Food                   | Life threatening? Y/N (describe below) |
| <input type="checkbox"/> Orthopedic (list treatment below) | <input type="checkbox"/> Pollen/Environmental   |  |
| <input type="checkbox"/> Other (explain) _____             | <input type="checkbox"/> Other (describe below) |  |

If your child has any medical condition, you must provide an emergency medical action plan signed by a physician. All documented medical conditions require a meeting with the school administration prior to attendance.

**Current Medication/Treatments: Name, Dose, Frequency**

\_\_\_\_\_  
\_\_\_\_\_

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity: \_\_\_\_\_ No \_\_\_\_\_ Yes, explain: \_\_\_\_\_

**Other Information**