

SCHOOL AGE CHILD HEALTH, PERSONAL, & SOCIAL HISTORY

Child's Name

Sex

_____/_____/_____
Birth date

Health History

*Date of last physical exam _____

*Any known allergies? _____

*Has your child had any sort of diagnosis that we need to be made aware of? If so, please list:

*Any serious illness or hospitalization? _____

*Any physical disabilities? _____

*Regular medications? _____

*Foods your child cannot eat? _____

Personal History

* For Kindergarteners, where did your child attend preschool? _____

*How would you rate your child in relations to his pre-school or school experience?
Successful ____ Troubled ____ Difficult ____ Enjoyable ____ Comments: _____

*Where do your child's interests and/or abilities lie? Art ____ Drama ____ Sports ____ Music ____

Movement ____ Social ____ Building ____ Talking ____ Nature ____ Science ____ Other:

*How do you feel your child functions in groups? _____

*How does your child express their needs or feelings? _____

*How does your child respond to transitions? _____

*What do you feel is the best way of assisting your child in managing misbehaviors?

*As the people who spend much time with your child, is there anything else you would like us to know?



Husky House, Inc.

Sunscreen Permission Form

We ask that you apply sunscreen to your child(ren) before their arrival to camp. We will keep a supply of Rocky Mountain Sunscreen SPF 30 on hand for application throughout the day. **Any alternate sunscreen provided by your family must be labeled with your child's name and stored by Husky House in a designated cabinet.**

Name of Child(ren): _____ Date: _____

As the parent/guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life. Therefore, I give permission for the staff at Husky House to apply Rocky Mountain Sunscreen SPF 30 to my child, as specified below, when he/she will be playing outside, especially during the months of April through September and between the hours of 10:00am and 4:00pm.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. I have checked below all applicable information regarding the type and use of sunscreen for my child.

- I have consulted with my child's physician and do not know of any allergies or allergic reactions my child may have to Rocky Mountain Sunscreen SPF 30.
- My child may apply Rocky Mountain Sunscreen SPF 30 to themselves while under the direct supervision of Husky House employees who will ensure it is applied correctly.
- My child is allergic to some sunscreens. My child may ONLY use the brand/type of sunscreen which I provide. My child may apply their own personal sunscreen while under the direct supervision of Husky House employees who will ensure it is applied correctly.
- NO. For medical or other reasons, my child will not use sunscreen.

Parent/Guardian's Full Name (Please Print): _____

Parent/Guardian's Signature: _____

Feel free to call us with questions at 925-283-7100

Husky House Children's Center Permissions Form

Child's Name: _____ 2nd Child's Name: _____

1. Walking Field Trips – all ages

My child DOES _____ DOES NOT _____ have permission to go off-campus on walking field trips.

2. Technology – all ages

My child DOES _____ DOES NOT _____ have permission to use Husky House iPads for homework, art and other projects under teacher supervision.

3. Photographs – all ages

Husky House, Inc. DOES _____ DOES NOT _____ have permission to take pictures of my child which may appear on a Husky House newsletter, website or social media account. Names of children will not be used.

Special Instructions or Notes:

Guardian Name _____

Guardian Signature _____

Date _____