



Night Owls Health and Special Procedure Questionnaire

Today's Date: _____

Child's Name: _____

Date of Birth: _____

Age of Child as of Today: _____

Health Diagnoses: _____

Does your child have allergies? No ___ Yes ___ (please list)

Are any of the allergies life threatening? No ___ Yes ___

Does your child have seizures? No ___ Yes ___ (please describe the type of seizure, the duration of each episode, and the intervention used)

Seizure frequency: _____ **Approximate date of last seizure:** _____

Does your child have asthma? No ___ Yes ___ Use an inhaler? _____

Does your child have diabetes? No ___ Yes ___ Insulin pen _____ pump _____

Please indicate if your child is taking any medications: No ___ Yes ___

If yes, please indicate the name of the medication(s) and the dosage:

Will your child require medication or emergency medications such as Diastat or Midazolam for seizures, Glucagon for hypoglycemia, or an epi-pen for a severe allergy while at Night Owls? No ___ Yes ___

If so, written permission signed by the physician/health provider and parent must be on file.

Please have your physician complete the Medication Administration Form. The completed form can be mailed to Night Owls c/o Fisher Early Learning Center 1899 E. Evans Ave.

Denver, CO 80208 or faxed to 303-871-7805

**All medications must be brought in the original containers with the original prescription labels.*

Will any special or medical procedures such as G-tube feedings, oxygen administration, or G-tube decompression, etc. be required while at Night Owls? No ___ Yes ___

If so, written permission signed by the physician/health provider and parent must be on file.

Please have your physician complete the Medication Administration Form. The completed form can be mailed to Night Owls c/o Fisher Early Learning Center 1899 E. Evans Ave.

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What emergency or unusual episode might arise while your child is in our care? How should that be handled?

Be aware that 911 will be called for seizures, severe allergic reactions, shortness of breath, and anything else our nurse deems necessary.

What special materials/equipment are you bringing with you? What is the purpose of each?

Please list any other medical information that we should know about your child:
