Health assessment

Utah Department of
Health & Human Services
Licensing & Background Checks

Child name	

Known allergies and/or food sensitivities	

Chronic medical conditions	

Current medications *A completed medication permission form must be completed for each medication left with the provider*	

Special or nonroutine daily health care instructions

I attest that the information I have provided in this form is accurate and up-to-date.

Name **Date**

Name **Date**

Name **Date**

Name **Date**

Name **Date**