CHILD PRE-ADMISSION HEALTH HISTORY –PARENT REPORT

Name _____Birth Date:_____

Dateof last health/dental examination:

_____

List all allergies, including food allergies

_____

Any chronic health condition, i.e. asthma:

_____

List any medications:_____

Past illnesses or serious injuries:

_____

Condition requiring special attention in the child care center:

_____

Does your child have any special needs or fears:

_____

Parent's evaluation of child's health:

_____

Parent's evaluation of child's personality:

_____

Has your child had group play experiences:

_____

What is your plan for care when your child is ill:

_____