

Child's Health Information – PRESCHOOL PROGRAM

Rule 3301-37-05 of the Administrative Code requires Preschool Programs to secure health information from a child's parent no later than the first day of attendance unless otherwise indicated.

Name of Child (print or type)

Height _____

Weight _____

Date of Birth _____

Name of Parent / Guardian _____

1. Allergies; List all allergies affecting the child and any special precautions or treatments indicated for these allergies:

2. Medications: (List all medications, food supplements, modified diets and/or fluoride supplements currently being administered to the child:

3. Chronic Physical Problems (List all chronic physical problems affecting the child.)

4. History of hospitalizations (List dates of all hospitalizations of the child.)

5. Diseases (List all diseases the child has had.)

6. Immunizations (Enter month / day / year of each immunization.)

DPT: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

POLIO: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Measles, Mumps, Rubella – usually combined as MMR: 1 _____ 2 _____

IF SEPARATE: MEASLES _____ MUMPS _____ RUBELLA _____

Usually administered just prior to Preschool or school entrance

Hepatitis B: 1 _____ 2 _____ 3 _____

HIB: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

VARICELLA 1 _____

(Chicken Pox)

NAME OF PERSON COMPLETING THIS FORM

DATE