

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