

St. Brendan School
4242 Brendan Lane
North Olmsted, Ohio 44070
Phone: 440.777.8433 / Facsimile: 440.779.7997

**2014-2015 Child's Health Information
Preschool – PARENT FORM**

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) _____

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.)

