NATIVITY SCHOOL EXTENDED DAY CARE PROGRAM

Child's Preadmission Health History – Parent's Report

CHILD'S NAME	SEX	BIRTHDATE
FATHER/GUARDIAN'S NAME		DOES FATHER LIVE IN HOME WITH CHILD?
MOTHER/GUARDIAN'S NAME		DOES MOTHER LIVE IN HOME WITH CHILD?
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

PAST ILLNESSES – CHECK ILLNESSES THAT CHILD HAS HAD AND SPECIFY APPROXIMATE DATES					
	DATES		DATES		DATES
❑ Chicken Pox ❑ Asthma ❑ Rheumatic Fever ❑ Hay Fever		❑ Diabetes ❑ Epilepsy ❑ Whooping Cough ❑ Mumps		❑ Poliomyelitis ❑ Ten-Day Measles (Rubeola) ❑ Three-Day Measles ❑ (Rubella)	
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS					
LIST ANY ALLERGIES OF WHICH THE STAFF SHOULD BE AWARE					

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ❑ YES ❑ NO	IF YES, NAME OF DOCTOR	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ❑ YES ❑ NO	IF YES, LIST KIND(S) AND SIDE EFFECTS?
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN)			
LIST ANY FURTHER INFORMATION WHICH YOU FEEL WOULD BE HELPFUL FOR THE STAFF IN CARING FOR YOUR CHILD			

Parent/Guardian's Signature

Date