

CHILD'S HEALTH INFORMATION 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 or type) _____ Date of Birth _____ Name of Parent/Guardian _____

Height _____ Weight _____

1. Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies.) _____

2. Medications (List all medications 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.) _____

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

DTP 1 _____ 2 _____ 3 _____ 4 _____ *5 _____

Polio 1 _____ 2 _____ 3 _____ *4 _____

Measles, Mumps, Rubella (usually combined as MMR): _____

If separate: Measles _____ Mumps _____ Rubella _____

*The 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.

Name of Person completing the form _____ Date _____