

Child's Health Assessment

Today's Date _____ Date of Enrollment _____

Child's Name _____

Please check all that apply and list any health information needed to care for your child.

Any known allergies/sensitivities/food restrictions due to beliefs:

	No	Yes	If yes, please list and tell us if it is mild, moderate, or severe:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any chronic illnesses or medical conditions:

	No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Needs	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Urinary	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Any disabilities:

	No	Yes
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

List any additional health information or special instructions not listed above: _____

List any routine medications your child takes: _____

List any instructions for special or nonroutine daily health care: _____

Date of last physical examination: _____

Date of last dental examination: _____

Child's Medical Provider:

Child's Dental Provider:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

List any instructions for your child's emergency care: _____

Signed _____

(Parent/Legal Guardian)

(Date)