



Child's Health Information Form

Student's Name _____

Health Information

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. Diseases (List all diseases the child has had.)
5. Does your child have any special needs?

Social Relationships

1. Does your child have any fears?
2. How is your child comforted?
3. How does your child express anger and frustration?

General

1. Is there anything you would like us to know about your child?
2. What would you like your child to gain from their preschool experience?

Parent/Guardian Signature _____