

Le Petit Home Day Care

CHILDREN'S HEALTH INFORMATION

CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed)

General state of health:

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of?

Has your child had the following common childhood illnesses?

Chicken pox _____

Measles _____

Whooping cough _____

German measles _____

Mumps _____

Other _____

Is your child prone to:

Ear infections _____

Headaches _____

Stomach upsets _____

Colds _____

Sore Throats _____

Does your child have any speech, hearing or visual problems?

Has your child ever been tested for the above?

Has your child ever had any surgeries or do they have any prosthetic limbs etc.?

If yes, please describe:
