

Are your child's immunizations up to date? Yes No

Allergies

Does your child have any known **drug** allergies? Yes No If Yes, what are they and what are your child's reactions?

Does your child have any known **food** allergies? Yes No If Yes, what are they and what are your child's reactions?

Does your child have any **other** allergies? Yes No If Yes, what are they and what are your child's reactions?

Other Medical Information

Does your child take any medication on a regular basis? Yes No If Yes, please give the name of the medication and the medical condition for which it is taken.

Was your child born prematurely? Yes No If Yes, how many weeks? _____

Do you have any concerns about your child's development? Yes No If Yes, please comment _____

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate? Yes No
If Yes, please identify. _____

Has your child ever undergone surgery? Yes No If Yes, please list. _____

Are there any special diets necessary for your child's health? Yes No If Yes, please describe.

Please comment on any other medical information the child care service should be aware of: _____

Date: _____ / _____ / _____
Year Month Day

Parent/Guardian signature

