



Health History 2007-2008

Child's name: _____ Birth date: _____

First Emergency Contact: _____

Is your child under the routine care of a physician? _____

Physician's name: _____

Physician's phone number: _____

Date of last physical exam: _____

Dentist's name: _____

Dentist's phone number: _____

Date of last dental exam: _____

Communicable diseases your child has had (approximate dates):

Chickenpox: _____	Measles: _____
Mumps: _____	Other: _____

Serious illness, accidents or surgery (please give dates):

Current medications: _____

Does your child have any special health problems the staff should be aware of, such as: vision, hearing loss, allergies, convulsions, etc.?

Expected symptoms: _____

Treatment: _____

Parent signature

Date

Parent signature

Date