



# CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT



CHILD'S NAME:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE:
Father's Name:		Mother's Name:	
Does father live in home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does mother live in home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is/has child been under regular supervision of a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of last physical examination:	
Name of the physician:		Physician's phone:	
Name of the dentist:		Dentist's phone:	

## PAST ILLNESSES – Check illnesses that your child has had and specify their approximate dates:

Illness	Date	Illness	Date	Illness	Date
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps		<input type="checkbox"/> Other	

Specify any other serious or severe illnesses or accidents:

Does child use any special device(s)?  Yes    No  
If yes what kind?

Does child take prescribed medication?  Yes    No  
If yes what kind & any side effects?

Please Note: If you answered Yes to the above questions, you need to fill out "Parent Permission Consent for Medication Administration" in order for your child to be able to use or take the device(s) or medication at school. Also, you need to provide the device / medication to be kept with the school's emergency supplies (earthquake bag).

Does your child have a special medical condition?  Yes    No If yes please explain:

Is your child currently on any medication?  Yes    No If yes please explain:

Does your child have any allergies:  Yes    No If yes please explain:

Does your child have any dietary limitations?  Yes    No If yes please explain:

Has your child been diagnosed with any learning or physical disability?  Yes    No If yes please explain:

Is there anything else that we should know about your child?  Yes    No If yes please explain:

Parent's Signature:.....

Date:.....