

PART I - CHILD'S INFORMATION

To be completed by a Parent and/or Guardian

Complete before the health practitioner examines your child. Take this form with you to the health practitioner. Please check correct answers to the following questions in columns on the right explanation, if needed, can be given in the space provided for "Remarks."

1. Are you concerned about your child's general health (*eating, sleeping habits, posture, teeth, skin, menstruation, weight, bowel, bladder, etc.*)? Yes No
2. Does your child have any eye problems (*difficulty seeing, crossed eyes, frequently reddened or watery eyes*)? Yes No
Date of last eye examination: ____/____/____ Doctor's Name: _____
Results: _____
3. Does your child have any ear or hearing problems (*frequent earaches, difficulty hearing, etc.*)? Yes No
Date of last eye examination: ____/____/____ Doctor's Name: _____
Results: _____
4. Does your child use a hearing aid? Yes No
5. Does your child have allergies? If YES, please state what kind of allergies: Yes No
6. Does your child have any other specific illness, disability or other limiting condition? If YES, give details under "Remarks." Yes No
 - (a) Does this condition require any special health care in the child care facility or school? Yes No
 - (b) Has your child received evaluation, which could help the child care provider or teacher in meeting his/her health or educational needs? If yes, give details under "Remarks." Yes No
 - (c) Does your child require any adaptive equipment? Yes No
7. Do you have concerns about your child's behavior or emotional well-being which the child care provider or school should know about? If yes, give details under "Remarks." Yes No

Remarks - (Clarify any "YES" answers)

Parent Signature

Date

I give my permission for the Health Practitioner to complete **Part II** of this form. I understand it is for confidential use in meeting my child's health and educational need in day care or school.

Parent's Statement All Must Sign & Date Below

Please fill in if child is school age:

I give my permission to _____ School to release _____'s
Name of School *Name of Child*

health information to _____
Name of Child Care Center, Family Child Care Home, Non-public Nursery School

Signature of Parent/Guardian _____ Date _____

I attest that information provided on this form is true and accurate to the best of my knowledge and belief.