**SCHOENLY SCHOOL PRESCHOOL/KINDERGARTEN**

 **HEALTH HISTORY INFORMATION** (To Be Completed By Parent/Guardian)

Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Nickname)\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Age of Siblings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any health problems? (Check where appropriate) ASTHMA \_\_\_\_\_\_\_\_\_\_ECZEMA \_\_\_\_\_\_\_\_\_\_

SEASONAL ALLERGIES \_\_\_\_\_\_\_\_\_\_\_\_ DIABETES \_\_\_\_\_\_\_\_\_\_\_SEIZURES/CONVULSIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child see a doctor, dentist, psychologist, physical or speech therapist regularly? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If so, how often \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and for what conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take medication regularly? No \_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_

Medication & Reason Given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any food allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is EPIPEN prescribed for above allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any serious illness, accidents, operations, sutures, or fractures? Please describe and give dates:

Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any concerns about your child's growth and development? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If so what concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any problem with Hearing\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­ ­­­ Vision \_\_\_\_\_\_\_\_\_\_\_\_Speech\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he or she wear glasses? Hearing aid?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you rate your child’s appetite? Good\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Poor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child sleep well at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of hours sleep/night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suck his/her thumb? \_\_\_\_\_\_\_\_\_\_ Bite his/her nails\_\_\_\_\_\_\_\_\_\_ Wet the bed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child able to dress him or herself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is he or she able to take care of her bathroom needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any difficulty with Concentration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Separation Anxiety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention Span \_\_\_\_\_\_\_\_\_\_\_\_ Difficulty completing tasks \_\_\_\_\_\_\_\_\_\_\_ Difficulty with other children \_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child attend preschool? \_\_\_\_\_\_\_\_\_ # of years \_\_\_\_\_\_\_\_\_\_ Name of school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any other information that you wish to share with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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\*if any information should change, please inform your child’s school nurse

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_