

Medical/Health History Form

Name of Medical Practice: _____ Doctor's Name: _____

Address: _____ Phone Number: _____

Health Information

Health concerns	Y	N	Orthopedic concerns	Y	N	Asthma	Y	N
Allergies to food or bee/insect stings	Y	N	History of physical or medical problems	Y	N	Seizures	Y	N
Allergies to medication	Y	N	Hearing concerns	Y	N	Other neurological concerns	Y	N
Other allergies	Y	N	Speech concerns	Y	N	Diabetes	Y	N
Daily/ongoing medications	Y	N	Cardiovascular concerns	Y	N	Toilet trained	Y	N

Explain all "yes" answers or provide any additional information necessary (use additional pages if necessary):

Has your child had the following immunizations:

DTAP	Y	N	Polio	Y	N	MMR	Y	N
Hib	Y	N	Chicken Pox	Y	N	PCV	Y	N
IPV	Y	N	Hepatitis B	Y	N	Flu Shot	Y	N

Developmental Information

Do you have any concerns about your child's:

Ability to participate in physical activities	Y	N	Ability to understand directions	Y	N	Ability to communicate needs	Y	N
Social development	Y	N	Core strength	Y	N	Interaction with others	Y	N
Emotional development	Y	N	Fine motor skills	Y	N	Behavior	Y	N
Separation anxiety	Y	N	Pronounced fears	Y	N			

Explain all "yes" answers or provide any additional information necessary (use additional pages if necessary):

Does/has your child receive(d) services for:

Occupational Therapy	Y	N	Speech Therapy	Y	N
Physical Therapy	Y	N	Behavioral Therapy	Y	N

Explain all "yes" answers or provide any additional information necessary (use additional pages if necessary):

In case of accident or serious illness, I request the school to contact me. If unable to reach me, I authorize the school to solicit emergency help by calling 911 if deemed necessary by Deep Run Presbyterian Nursery School personnel.

As parent/guardian, I have carefully supplied all information needed on this form and by my signature do verify that the information is current and correct.

Signature of Parent/Guardian: _____ Date: _____