

School Age Health Form

HEALTH STATEMENT- to be completed by parent

(child's name)

(birth date)

1. Significant illnesses and surgeries child has had (give age at time) _____

2. Any special health-related needs of child (allergies, medication, injuries, ect.)

PHYSICAL ASSESSMENT

1. Is there any defect of vision, hearing, or speech of which the child care program should be aware of, or could compensate by appropriate action? _____

2. Is this child subject to any conditions which limit classroom activities or physical education? _____

3. Is this child subject to any condition which may result in an emergency situation? _____

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation? _____

Other information you would like to share:

Parent's Signature _____ Date _____