

# MEDICAL / HEALTH HISTORY FORM

Name Of Medical Practice \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician-documented allergies or things know to cause allergic reactions (including all foods, medications, etc...)

(List ALL): \_\_\_\_\_

Special Disabilities (if any) \_\_\_\_\_

History of any physical or medical problems: \_\_\_\_\_

Is your child currently taking any medications? If yes, state type: \_\_\_\_\_

Please state reason for medication(s) given: \_\_\_\_\_

Check all medical conditions:

\_\_\_\_\_ ADD/ADHD      \_\_\_\_\_ Asthma      \_\_\_\_\_ Cardiovascular      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Migraine

\_\_\_\_\_ Gastrointestinal      \_\_\_\_\_ Orthopedic      \_\_\_\_\_ Seizure Disorder

\_\_\_\_\_ Emotional (Diagnosis) \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Contact the school to offer and/or update medical conditions and medications.**

Check all immunizations your child has had.

\_\_\_\_\_ DTAP    \_\_\_\_\_ Polio    \_\_\_\_\_ MMR    \_\_\_\_\_ Hib    \_\_\_\_\_ Rotavirus    \_\_\_\_\_ PCV    \_\_\_\_\_ IPV

\_\_\_\_\_ Hepatitis B    \_\_\_\_\_ Chicken Pox    \_\_\_\_\_ Flu Shot

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Does your child have any disabilities or emotional issues? Please explain:

Would anything limit his/her physical activity? \_\_\_\_\_

Does your child have any pronounced fears? \_\_\_\_\_ What are they?

Has your child shown any separation anxiety? \_\_\_\_\_

Does your child have any sensory, physical and/or behavioral difficulties that you believe would be helpful for the supervising staff to know about? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

What do you expect your child to gain from his/her nursery school experience?

How did you discover us?

1. In case of an 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.
2. 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 \_\_\_\_\_

