



PLAYSCHOOL CHILD CARE INC.

Medical Record & Health History Part 1

**** This form is to be completed by a parent/guardian/caregiver****

Child's Name _____	Date of Birth ____/____/____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____	
City _____	State _____ Zip Code _____
Mother/Guardian Name _____	
Father/Guardian Name _____	

Health History

Check if your child has had any of the following:

_____ Frequent cold and/or sore throat	_____ Headaches	_____ Restlessness
_____ Frequent ear aches and/or infections	_____ Seizure	_____ Allergies
_____ Poor eating habits	_____ Asthma	
_____ Vision difficulties	_____ Poor sleeping habits	

Unusual problems: _____

Does your child have an IEP? YES _____ NO _____ (If yes ,we must have a copy on file here at Playschool Child Care Inc.)

Common Childhood Illnesses

Please indicate the year your child had any of the following:

_____ Scarlet fever	_____ Pneumonia	_____ Whooping Cough
_____ Poliomyelitis	_____ Kidney Disease	_____ Diabetes
_____ Heart Disease	_____ Chicken Pox	_____ Operations
_____ Measles	_____ Mumps	_____ Other Illnesses

Please state in the space below comments or suggestions about your child's health which would be helpful to Playschool Child Care, Inc.:

Parent/Guardian/Caregiver Signature _____ Date _____

1709 McKnight Road N. • Maplewood, MN 55109

Phone: 651.779.7926 • Fax: 651.779.0487

www.playschoolchildcare.com • info@playschoolchildcare.com