

School Age Child Health Update

Child's Name	Date of Birth
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Significant illnesses and surgeries your child has had (give age at time):

Any special health related needs of child (allergies, medications, injuries, etc.

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

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

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

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 /Guardian Signature	Date
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