

My Little Blue Dolphins Family Day Care



LIC # 013419904

Child's Health Record

Child's Name: _____ Birth Date: _____ Sex: _____

Does your child have any of the following?

Known Allergies / Sensitivities Check One If "Yes", please describe below:

Medications: Yes No

Foods: Yes No

Other: Yes No

Has your child ever had any of the illnesses listed below?

Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	German Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Rubella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Scarlet Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____

(If you answered "Yes" to any of the above illnesses, please list the month / year that it occurred)

Does your child frequently suffer from any of the following?

Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ear Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore Throats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Upset Stomach	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other (please describe):

Does your child have any of the following?

Visual Impairment Yes No

Hearing Impairment Yes No

Physical Impairment Yes No

Emotional Problems Yes No

Please provide details here:

Has your child had any surgeries? Yes No

If you answered "Yes" above, please give details with dates below:

Are all of your child's required immunizations current? Yes No

If you answered "No" above, please list which immunizations are needed

My child's Medical Provider is:

Name: _____

Address: _____

Phone: _____

Parent / Guardian Signature

Printed Name

Relationship

Date