HEALTH HISTORY - PARENT'S REPORT			Child information
Child's name:		Gender	How can staff best meet your child's individual needs?
Mathada		M D F	Academic
Mother's name:	Does mother live with	n child?	
Father's name:	Does father live with	child?	
		Ciliur	
Names of other caretakers/guardians living with child:			
No. 1 To 1 To 1	N		Physical
Number of adults in the home: Number of children:		1 Hysical	
Is child under the regular supervision of a physician?			
Date of last physical examination:			
PAST ILLNESSES: Check those child has had and approximate dates			
O Chickon Boy	O Enilopoy		Emotional
O Chicken Pox O Whooping cough	O EpilepsyO Asthma		Emotional
O Rheumatic fever			
O Poliomyelitis			
O Ten Day Measles (Rubella)	•		
O Three Day Measles (Rubella)			
Specify any other serious or severe illnesses or injuries:			
			Does your child have any special needs or disabilities?
Does child have frequent colds?	Number in last year:		
□ Yes □ No	,		
List any allergies:	II .		Disease shook have if your shild made a masic
			☐ Please check here if your child needs special accommodations due to a medical condition or disability. If
			there is anything the SAY staff should know regarding your
			child's condition please include a written explanation on a separate piece of paper and attach to your registration form. We want to be aware of any special needs so that you and your child will have a positive experience in the Extended Day Program.
Parent's evaluation of child's health:			
		Is your child enrolled in a special education or language program?	
Parent's evaluation of child's personality			
Tarent's evaluation of child's personality			
		Child's strengths, skills and interests:	
How does child relate to other children?			
Any special fears or challenges?			
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Action to take when child is ill (i.e. who to call)			
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Parent signature		Date	
<u> </u>			