Health History Questionnaire

2013 – 2014 School Year

The Garden Preschool | 425.522.3092 | www.thegardenpreschool.net

Please fill out completely and return form to: **112 211th PL SW Bothell, WA 98021**

Name of Child: ___________________________________

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

▫ Asthma	▫ Earaches	▫ Mumps	▫ Whooping Cough	▫ Bronchitis
▫ Eczema	▫ Pneumonia	▫ Polio	▫ Chicken Pox	▫ Frequent Colds
▫ Croup	▫ Convulsions	▫ Measles	▫ Influenza	▫ Rheumatic Fever
▫ Diphtheria	▫ Tonsillitis	▫ Other: ________________________		

Are your child's immunizations up to date? Yes ( ) No ( )

Please list any injuries child has had: ____

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:____

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Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken: ____

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Do you have any concerns about your child's development? Yes ( ) No ( ) If yes please comment:

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Please comment on any other medical information/ or special need the child care provider should be aware of:

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Immunization Record: Please contact your child's doctor and request a copy of your child's immunization records. Please include a copy with this health history form.

I certify that the above information is accurate to the best of my knowledge.

____ ____________________

Parent Signature Date