



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

### Allergies

Does your child have any known **drug** allergies?  Yes  No If Yes, what are they and what are your child's reactions?

Does your child have any known **food** allergies?  Yes  No If Yes, what are they and what are your child's reactions?

Does your child have any **other** allergies?  Yes  No If Yes, what are they and what are your child's reactions?

### Other Medical Information

Does your child take any medication on a regular basis?  Yes  No If Yes, please give the name of the medication and the medical condition for which it is taken.

Was your child born prematurely?  Yes  No If Yes, how many weeks? \_\_\_\_\_

Do you have any concerns about your child's development?  Yes  No If Yes, please comment \_\_\_\_\_

Are there any restrictions on the kind and/or amount of physical activity in which your child may participate?  Yes  No  
If Yes, please identify. \_\_\_\_\_

Has your child ever undergone surgery?  Yes  No If Yes, please list. \_\_\_\_\_

Are there any special diets necessary for your child's health?  Yes  No If Yes, please describe.

Please comment on any other medical information the child care service should be aware of: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

\_\_\_\_\_  
Parent/Guardian signature

