



CHILD INFORMATION RECORD

Child's full name: _____

I. Health History

DATE OF LAST PHYSICAL? _____ KNOWN ALLERGIES? _____

Has your child *ever* had an IEP (Individualized Education Plan)? _____

Does your child have a *current* IEP? _____

Special Needs? _____

Physical or medical concerns? _____

Any medication prescribed for long-term use? _____

Known sight or hearing difficulties? _____

ILLNESSES: (please check all that apply)

Does your child have:

Frequent colds _____	Fainting Spells _____	Frequent sore throats _____	Asthma _____
Stomach upsets _____	Diabetes _____	Heart trouble _____	Urinary problems _____
Convulsions _____	Frequent Diarrhea _____	Skin Rash _____	Constipation _____

Has your child had any of the diseases listed below? (Please check, and list approximate date)

___ **Bronchitis** _____; ___ **Measles** _____; ___ **Chicken Pox** _____; ___ **German Measles** _____; ___ **Mumps** _____
(Date) (Date) (Date) (Date) (Date)
 ___ **Hepatitis** _____; ___ **Whooping Cough** _____; ___ **Scarlet Fever** _____
(Date) (Date) (Date)

Has your child ever been hospitalized? (If yes, please explain) _____

Has your child had injuries with fractures or loss of consciousness? (If so, explain) _____

II. Getting To Know Your Child

Nickname: _____ School Attends (if applicable): _____

People I live with: _____

Other people I see frequently: _____

Previous childcare experience: _____

Toilet trained? _____ Need help using the toilet? _____ Need help dressing? _____

Special words used when needing to use the toilet? _____

Usually I take a nap from: _____ to _____ - *ORB* _____ I do not usually take a nap

Special fears? _____

Favorite things to play: _____

My child would like to learn about: _____

Security items and/or favorite toy: _____

Positive discipline techniques used at home: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____