

Student Medical History

Name of child _____ Date of birth _____

Name of parent or guardian _____ Relation to child _____

Address of parent or guardian _____

Medical history of student listed above:

Does the child have any significant diseases or recurring illnesses? ___NO ___YES

If yes, please identify: _____

Is the child on any continuous medication? ___NO ___YES

If yes, please list: _____

Does the child have any allergies? ___NO ___YES

If yes, please describe: _____

Does the child have asthma or any other acute respiratory illness? ___NO ___YES

If yes, please identify: _____

Has the child had any previous hospitalizations or medical procedures? ___NO ___YES

If yes, please describe: _____

Was the child delivered prematurely? ___NO ___YES

If yes, how early (how many weeks): _____

Were there complications during birth that resulted in a medical condition? ___NO ___YES

If yes, please describe: _____

Does the child have any physical or mental disabilities? ___NO ___YES

If yes, please describe: _____

Does the child have any emotional or behavioral diagnosis? ___NO ___YES

If yes, please describe: _____

Does the child have any developmental delays (physical, speech, etc.)? ___NO ___YES

If yes, please describe: _____

Does the child have any heart conditions? NO YES
If yes, please identify: _____

Has the child had any seizures or is there a family history of seizures? NO YES
If yes, please describe: _____

Does the child have diabetes or a pre-diabetic condition? NO YES
If yes, please identify: _____

Does the child have any immune-suppressive disorders? NO YES
If yes, please identify: _____

Is the child currently under a doctor's care for a medical condition not listed here? NO YES
If yes, please identify: _____

*The information you provide on this form is for the sole use of Methodist Preschool staff for instructional purposes and will never be shared with any persons not employed at the preschool. A child's medical history can provide classroom teachers with a developmentally appropriate guideline specifically tailored to the individual, and the information allows the staff to provide the best care for the child.

I, (print name) _____, understand this form is not comprehensive, nor definitive, in identifying my child's medical conditions or needs. I agree to maintain communication with Methodist Preschool regarding my child's health and medical conditions.

Parent/Guardian signature

Date