Division of Early Education Services
Early Care and Education

Child's Preadmission Health History - Parent/Authorized Representative Report

Child's Name	Gender	Birthdate
Parent/Authorized Representative Name		Does Parent/Authorized Representative Live in Home with Child?
Parent/Authorized Representative Name		Does Parent/Authorized Representative Live in Home with Child?
Is/Has Child Been Under Regular Supervision of Physician?		Date of Last Physical/Medical Examination

Developmental History *(*For Infants and Preschool-Age Children Only)*

Walked at*	Began Talking at*	Toilet Training Started at*
_____ Months	_____ Months	_____ Months

Past Illnesses — Check Illnesses that Child Has Had and Specify Approximate Dates of Illnesses:

	Dates		Dates		Dates
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

Specify Any Other Serious or Severe Illnesses or Accidents

Does Child Have Frequent Colds? ☐ Yes ☐ No	How Many in Last Year?	List Any Allergies Staff Should be Aware of:

Daily Routines *(*For Infants and Preschool-Age Children Only)*

What Time Does Child Get Up?*	What Time Does Child Go to Bed?*	Does Child Sleep Well?*
Does Child Sleep During the Day?*	When?*	How Long?*
Diet Pattern: (What Does Child Usually Eat for these Meals?)	Breakfast	
	Lunch	
	Dinner	
What are Usual Eating Hours?	Breakfast	
	Lunch	
	Dinner	
Any Food Dislikes?	Any Eating Problems?	

Child's Name

Is Child Toilet Trained?* ☐ Yes ☐ No	If Yes, at What Stage:*	Are Bowel Movements Regular?* ☐ Yes ☐ No	What is Usual Time?*
Word Used for "Bowel Movement"*		Word Used for Urination*	

Parent/Authorized Representative Evaluation of Child's Health

Is Child Presently Under a Doctor's Care? ☐ Yes ☐ No	If Yes, Name of Doctor:	Does Child Take Prescribed Medication(s)? ☐ Yes ☐ No	If Yes, What Kind and Any Side Effects:
Does Child Use Any Special Device(s): ☐ Yes ☐ No	If Yes, What Kind:	Does Child Use Any Special Device(s) at Home? ☐ Yes ☐ No	If Yes, What Kind:

Parent/Authorized Representative Evaluation of Child's Personality

How Does Child Get Along with Parent/Authorized Representative, Brothers, Sisters, and Other Children?

Has the Child Had Group Play Experiences?

Does the Child Have Any Special Problems/Fears/Needs? (Explain.)

What is the Plan for Care When the Child is Ill?

Reason for Requesting Child Care Placement?

Parent/Authorized Representative Signature	Date