



# CHILD INFORMATION RECORD

Child's full name: \_\_\_\_\_

## I. Health History

ALLERGIES? \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM? \_\_\_\_\_

LAST DENTAL EXAM: \_\_\_\_\_

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? \_\_\_\_\_

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 \_\_\_\_\_ **OR** \_\_\_\_\_ I do not usually take a nap

Special fears? \_\_\_\_\_

What does your child really enjoy doing: \_\_\_\_\_

What skills do you think your child needs to strengthen: \_\_\_\_\_

Security items and/or favorite toy: \_\_\_\_\_

Positive discipline techniques used at home: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_