



Physical Assessment & Health Form

For school-aged children – to be completed by parent/legal guardian.

Health Statement

Child's Full Name _____

Birth Date (mm/dd/yy) _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

Physical Assessment

1. Is there any defect of vision, hearing or speech of which the childcare program should be aware of or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share may be recorded on the back of this page.

Check here if more information is written on the back.

Parent's Signature: _____ **Date:** _____