

Infant, Toddler, Preschool Age – Child Health Exam Form

PARENTS/GUARDIAN COMPLETE PAGES 1 and 2 – Child Information

Child's name	Child's birthdate	Name of center, provider, or preschool Promisland Preschool Telephone # (712) 574-0737
Parent 1 name		Parent 2 name
Child home address #1		Telephone # 1
Child home address #2		Telephone #2
Where parent # 1 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email
Where parent # 2 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email
<p>In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parent/guardian. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached. Parent/Guardian Signature: _____ Date _____ Alternate emergency contact person's name: _____ Phone number: _____ Relationship to child: _____ Cellular number: _____</p>		
Child's doctor's name	Doctor telephone # 1	Hospital choice
Doctor's address	After hours telephone #	Does child have health insurance? <input type="checkbox"/> Yes, Company _____ ID #
Child's dentist's name	Dentist Telephone # 1	Does child have dental insurance? <input type="checkbox"/> Yes, Company _____ ID#
Dentist's Address	After hours telephone #	<input type="checkbox"/> NO, we do not have health insurance. <input type="checkbox"/> NO, we do not have dental insurance.
Other health care specialist name	Telephone #	<input type="checkbox"/> Please help us find health or dental insurance.
Type of specialty		

Child Name:

PARENTS COMPLETE THIS PAGE

Parents: Tell us about your child's health. Place an **X** in the box if the sentence applies to your child. Check *all* that apply to your child. This will help your doctor plan your child's physical exam.

Growth

I am concerned about my child's growth.

Appetite

I am concerned about my child's eating / feeding habits or appetite.

Rest -

I am concerned about the amount of sleep my child needs.

Illness/Surgery/Injury - My child

had a serious illness, injury, or surgery.

Please describe.

Physical Activity - My child

must restrict physical activity.

Please describe.

Development and Learning

I am concerned about my child's behavior, development, or learning.

Please describe:

Medication - My child takes medication.

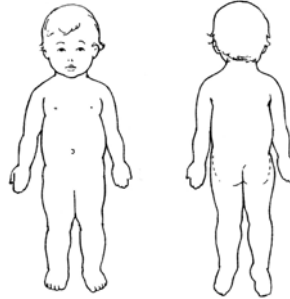
List the name, time medication taken, and the reason medication prescribed.

Child's Name: _____

Body Health - My child has problems with

Skin, birthmarks, Mongolian spots, hair, fingernails or toenails.

Map and describe color/shape of skin markings birthmarks, scars, moles



Eyes \ vision, glasses

Ears \ hearing, hearing aides or device, ear-aches, tubes in ears

Nose problems, nosebleeds, runny nose

Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring

Frequent sore throats or tonsillitis

Breathing problems, asthma, cough, croup

Heart, heart murmur

Stomach aches, upset stomach, colic, spitting up

Using toilet, toilet training, urinating

Bones, muscles, movement, pain with moving

Mobility, uses assistive equipment

Nervous system, headaches, seizures, or nervous habits (like twitches)

Needs special equipment. *Please describe:*

Allergies-My child has allergies (medicine, food, dust, mold, pollen, insects, animals, etc.).

Please describe:

Parent questions or comments for the health care provider: