Little Spots Preschool

Health History
(to be provided by parents)

Name _____

Birth Date _____ Sex _____
m/d/y

Child's Social Security Number _____

Medical History

Diseases:

Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other	_____

Congenital Malformations _____

Allergies (drug, food, etc.)

Drug Sensitivities _____

Seizures _____

Comments _____

_____

_____

_____

_____

Parent's Signature _____ Date _____

Address _____ Phone # _____