

RULE 3301-37-05 OF THE ADMINISTRATIVE CODE REQUIRES PRESCHOOL PROGRAMS TO SECURE HEALTH INFORMATION FROM A CHILD'S PARENT NO LATER THAN THE FIRST DAY OF ATTENDANCE.

Name of Child (please print)	
Child's date of birth	
Parent/Guardian's Name	
Child's height	
Child's weight	
Child's current age	

Allergies affecting child	_____(child has no allergies)
Special precautions and/or treatment for allergies	_____(child has no allergies)
Medication (prescription or over the counter) child is currently receiving. List dosages, time of day medication is usually given and the reason for medication	_____(child does not take any medication at this time)
Chronic physical problems affecting the child	_____(child has no chronic physical problems)
Date(s) of hospitalizations and the reason(s) why child was hospitalized (each time)	_____(child has never been hospitalized)
List the diseases the child has had to date	_____(child has not had any diseases)
List any food supplements, modified diets or fluoride supplements currently required.	_____(none are required for my child at this time)

This information was provided by: _____

Date the form was completed: _____