

# Preschool Medical History

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address of parent/guardian \_\_\_\_\_

Is child allergic to anything? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child currently under a doctor's care? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is child on any continuous medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what medication? \_\_\_\_\_

Has your child had any previous hospitalizations or operations? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, when and for what? \_\_\_\_\_

\_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_

Diabetes: No \_\_\_\_\_ Yes \_\_\_\_\_ Convulsions: No \_\_\_\_\_ Yes \_\_\_\_\_

Heart trouble: No \_\_\_\_\_ Yes \_\_\_\_\_

Other condition, what/when? \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical disabilities: No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's Name: \_\_\_\_\_

**IMMUNIZATION RECORD:** A copy of your child's shot record is required by law to be submitted prior to your child starting preschool.

Please check only one option:

- I have provided TBG with a copy of my child's most current immunization record.
- I have not provided a copy of my immunization records. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child, including his/her vision and hearing, within the past year and find that he/she is able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to TBG. This statement will include verification that my child's vision and hearing has been checked.

Name and address of health care professional:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

\_\_\_\_\_  
**Date**