

# Health Update

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

Birth Date \_\_\_\_\_

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

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

3. Is there any defect of vision, hearing, or speech of which the child care program should be aware or could compensate be appropriate action?  
\_\_\_\_\_

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

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

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

7. Other information you would like to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature/Foster

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

