



Kids We Love Childcare Child's Health Information Form

Child's Health Record

Are your child's immunizations up to date? YES - NO (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

General state of health:

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies?
YES - NO If yes, please specify and describe:

Does your child have any medical conditions which we should be made aware of?

Has your child had the following common childhood illnesses? If yes, circle.

Chicken Pox Measles Whooping Cough German Measles Mumps
Other...

Is your child prone to:

Ear Infections Headaches Stomach upsets Colds Sore throats
Other...

Does your child have any speech, hearing or visual difficulties?

Has your child ever had any surgeries? If yes, please describe.

Parent Signature _____ **Date** _____
(mm/dd/yyyy)