

Date information provided: \_\_\_\_\_  
Date information updated: \_\_\_\_\_

### CHILD HEALTH INFORMATION

A copy of your child's immunizations will be required prior to enrollment

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version Letters: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

General state of health:

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

Are your child's immunizations up to date? \_\_\_\_\_

If child is not yet enrolled in school please fill out Immunization Record form and return with this form.

Does your child have any known allergies?

Allergy	Reaction

Does your child have any dietary restrictions?

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

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

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

Has your child had the following common childhood illnesses?

- |   |   |
|---|---|
| <input type="checkbox"/> Chicken pox    | <input type="checkbox"/> German measles |
| <input type="checkbox"/> Measles        | <input type="checkbox"/> Mumps          |
| <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Other          |

Date information provided: \_\_\_\_\_

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Is your child prone to:

- Ear infections
- Headaches
- Stomach upsets

- Colds
- Sore Throats
- Other

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

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Has your child ever been tested for the above?

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Has your child ever had any surgeries or do they have any prosthetic limbs or other assistive devices etc.?  
If yes, please describe:

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