

GC-B Childcare Center Health History

Child's First Name

Child's Last Name

Date of Birth

Check all that may apply to your child

Constipation

Diarrhea

Urinary Problems

Stomach Problems

Ear Infections

Frequent Colds

Skin Rashes

Asthma

Chicken Pox

List any health problems or illnesses we should be aware of

Has your child been hospitalized? If so, please explain.

Unusual eating habits

Fears

Special needs

Is your child toilet trained

Waking Time

Nap Length

Has your child had group play experience

Any areas you feel your child may require special attention

Parent Signature

Date