

Health Record

Friendly Flock Preschool
225 W. State Street
Pendleton, IN 4606
765-778-3700

Child's Name _____ Birth Date ____ / ____ / ____
(last) (first)

Street Address _____ City _____ Zip _____

Child lives with _____ Name _____ Phone _____

Medical History

<u>Communicable Disease</u>	<u>Month/Year</u>	<u>Condition</u>	<u>Explain if present</u>
Measles	_____	Allergies:	_____
Rubella (German Measles)	_____	Handicapping	_____
Chicken Pox (Varicella)	_____	Conditions:	_____
Mumps	_____	Other:	_____
Scarlet Fever	_____		_____
Whooping Cough	_____		_____
Hepatitis B	_____		_____

Physical Examination

Date of Exam _____ Age of Child _____

Skin _____	Heart _____
Lymph Nodes _____	Lungs _____
Eyes _____	Abdomen _____
Ears _____	Genitalia _____
Nasopharynx _____	Skeleton _____
Teeth & Mouth _____	Other: _____

Note any unusual findings _____

Does this child have any health condition that would be hazardous either to him/herself or to other children in a group setting as a result of participation in normal activities (including sports)? No ___ Yes ___ If yes, what modification of normal activities would be necessary to protect the child and his/her classmates: _____

Have you prescribed any medications or special routines that should be included in the center's plans for this child's activities? No ___ Yes ___ Explain: _____

(OVER)