

**PART I: CHILD'S HEALTH AND INDIVIDUAL NEEDS INFORMATION**

To be completed by **PARENT/GUARDIAN**

**CHILD'S NAME:** \_\_\_\_\_

**IMPORTANT:** COMPLETE PART I BEFORE THE HEALTH PRACTITIONER EXAMINES YOUR CHILD. TAKE THIS FORM WITH YOU TO THE HEALTH PRACTITIONER. PLEASE CHECK CORRECT ANSWERS TO THE FOLLOWING QUESTIONS IN COLUMNS ON THE RIGHT. Explanation, if needed, can be given in the space provided for "REMARKS".

|   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| 1. Are you concerned about your child's general health ( <i>eating, sleeping habits, teeth, skin, menstruation, weight, bowel/bladder, etc.</i> )?  | _____      | _____     |
| 2. Does your child have any eye problems ( <i>difficulty seeing, crossed eyes, frequently reddened or watery eyes</i> )?<br><br>Date of last eye examination: ____/____/____      Doctor's Name: _____<br><br>Results: _____<br><br>Does your child wear glasses? _____<br><br>Contact lenses? _____  | _____      | _____     |
| 3. Does your child have any ear or hearing problems ( <i>frequent earaches, difficulty hearing, etc.</i> )?<br><br>Date of last hearing evaluation ____/____/____      Doctor's Name: _____<br><br>Results: _____<br><br>Does your child use a hearing aid? _____   | _____      | _____     |
| 4. Does your child have any speech problems ( <i>difficulty having speech understood, stammering, delayed speech development, etc.</i> )?   | _____      | _____     |
| 5. Does your child have any allergies? If YES, please state what kind of allergies: _____   | _____      | _____     |
| 6. Does your child have any other specific illness, disability or other limiting condition? If YES, answer a, b and c:<br><br>(a) Does this condition require any special health care in the child care facility? _____<br><br>(b) Has your child received evaluation(s), which could help the child care provider or teacher in meeting his/her health or educational needs? _____<br><br>(c) Does your child require any special adaptations or adaptive equipment? _____ | _____      | _____     |
| 7. Do you have concerns about your child's behavior or emotional well-being which the child care provider or teacher should know about?   | _____      | _____     |
| 8. Do you have concerns about your child's social or developmental needs which the child care provider or teacher should know about?  | _____      | _____     |

**REMARKS** (*Provide further explanation for all "YES" answers*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE. I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**