



SCHOOL-AGE ASSESSMENT & HEALTH FORM

1. **Health Statement** - To be completed by parent.

Child's Full Name _____

Birth Date _____

A. Significant illnesses and surgeries child has had (give age at time):

B. Any Special health-related needs of child (allergies, medications, injuries, etc.):

2. **Physical Assessment** - To be completed by parent.

A. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

B. Is this child subject to any conditions which limit classroom activities or physical education?

C. Is this child subject to any condition which may result in an emergency situation?

D. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

E. Other information you would like to share:

Parent's Signature _____ Date _____