

Student Information/Health Form

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Other Caregivers and relationship to the child: _____

Child lives with: Both Parents Primarily One Parent Other _____

1. Does your child have any allergies or sensitivities you are aware of? _____

2. Does your child have any disabilities you are aware of that you would want us to be aware of? _____

3. Does your child take any daily medications? _____

4. Your child's general health can be described as: _____

5. Are there any foods your child should not eat? _____

6. What is your child's primary language at home? _____

7. Has your child been in a daycare/preschool? _____

8. What form of discipline is used at home/suggestions you would have for us at school with your child (we do have a discipline policy that is used consistently but always like to have more information that might help your child specifically)? _____

9. Any other information we should know regarding your child's general well-being? _____