

**Centerville Church of Christ Day School**  
**CHILD DEVELOPMENTAL HEALTH HISTORY**

Child's name \_\_\_\_\_

DOB \_\_\_\_\_

ANY KNOWN ALLERGIES? \_\_\_\_\_

**Explain:** \_\_\_\_\_

Physical Health:

Has your child had any major or consistent health problems in the past?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Explain \_\_\_\_\_

Does your child have any health problems now? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Does your child take any medication regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Will that medication need to be administered at Day School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Has your child had any recurring chronic illness or health problem such as:

- |                           |                        |
|---------------------------|------------------------|
| _____ Asthma              | _____ Hemophilia       |
| _____ Cerebral palsy      | _____ Seizure disorder |
| _____ Frequent earaches   | _____ Diabetes         |
| _____ Developmental delay |                        |

Other \_\_\_\_\_

Developmental Health:

Does your child have any problems talking or making sounds? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Does your child have any problems walking, running, moving? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Does your child have any problem seeing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Does your child have any problem hearing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Explain \_\_\_\_\_

Does your child have tubes in the ears? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Social Development:

Is your child frightened by: Animals \_\_\_\_\_ Rough children \_\_\_\_\_ The dark \_\_\_\_\_  
Loud noises \_\_\_\_\_ Storm \_\_\_\_\_ Other \_\_\_\_\_

Does your child need a special comforting item? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What? \_\_\_\_\_

Has your child been in child care previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not, has he/she had the opportunity to play with other children regularly?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Cultural Information:

What language is spoken most often at home? \_\_\_ English \_\_\_ Spanish  
Other \_\_\_\_\_

Are there foods that your child does not eat because of cultural or religious  
beliefs? \_\_\_\_\_

Are there cultural based behaviors (shaking hands, eye contact, etc.) that we  
should know in order to serve your family with sensitivity?  
\_\_\_\_\_

Is there any other information you can share that would assist us in meeting your  
child's needs? Anything you would like us to know about your child?  
Explain \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Any other important information about your child that you would like to disclose?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_