**Child’s Developmental History**

CHILD’S NAME DOB

ILLNESSES

Check **(√)** any of the following illnesses the child has had:

□ Asthma □ Earaches □ Mumps □ Whooping Cough □ Bronchitis

□ Eczema □ Pneumonia □ Polio □ Chicken Pox □ Croup

□ Frequent Colds □ Convulsions □ Measles □ Influenza □ Tonsillitis

□ Diphtheria □ Rubella □ Rheumatic Fever

□ Other

ALLERGIES

Does your child have any known allergies? Yes ( ) No ( )

If yes, what is your child allergic to? What are the signs & symptoms of your child’s allergic reaction?

What treatment does your child require for their allergy?

MEDICATION

Does your child take any medication on a regular basis? Yes ( ) No ( )

If yes please list the name of the medication(s) and the medical condition for which it is taken:

EVALUATION

Has your child been evaluated? Yes ( ) No ( ) Does your child have an **I E P**? Yes ( ) No ( )

If yes, what services does your child receive?

INJURIES

Please list any injuries child has had:

TOILETING

Does your child use the toilet independently? Yes ( ) No ( )

Does your child need help when using the bathroom? Yes ( ) No ( )

Are you in the process of “potty training”? Yes ( ) No ( )

Does your child wear a diaper or Pull up? Yes ( ) No ( )

MEAL TIME

Can your child drink from a cup independently? Yes ( ) No ( )

Can your child feed themselves? Yes ( ) No ( )

DEVELOPMENT

Do you have any concerns about your child’s development? Yes ( ) No ( )

If yes please comment:

Please comment on any other medical information/ or special need the child care provider should be aware of:

Does child have any other known health problems? Yes ( ) No ( )

 \**If yes attach documentation*

I give Bethel Nursery School, its staff and Bethel Lutheran Church and its staff permission to obtain the following services for my child if necessary:

* Physician and or Ambulance in the event of an emergency.
* *Ambulance fees and/or health care costs are the responsibility of the parent/guardian.*

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Mother/Legal Guardian Signature Date

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Father/Legal Guardian Signature Date