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Kindergarten Health History Form (to be completed by a parent)

Child's name _____ Male Female Birthdate _____

Mother's Name _____ Father's Name _____

With whom does the child live? _____

Who is the child's legal guardian? _____

Perinatal/Developmental History

Infant born: Full Term or Premature (circle one) Birth weight: _____

Any illness or problems while in the Nursery? _____

Approximate age at which this child:

Walked alone _____ Toilet Trained _____ Spoke in Sentences _____

Dressed self _____ How does this child's development compare to
brothers / sisters or playmates? About the same slower faster (circle one)

Medical History

1. Health Conditions: _____

2. History of Hospitalization: _____

3. Allergies: (food, plant, animal, drug) _____

4. Childhood Diseases: (i.e. chicken pox) _____

5. Medication: (taken on a regular basis) _____

6. Does this child receive special services (i.e. speech, physical therapy)? If so, please explain:

Do you have other comments about this child's health, development, behavior, family or home life that you feel the school should be aware of? If so, please explain briefly:

Completed by: _____ (relationship to child) _____ Date _____