

Health Inventory

Child's Name _____

 Last First Middle

Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Phone # _____

To be completed by PARENT/GUARDIAN

1. Is your child up to date on his/her physical? _____

If YES, answer a and b:

(a) Is your child in good health? _____

(b) Does your child have any activity restrictions? _____

If YES please list restrictions below:

2. Is your child up to date on all their immunizations? _____

3. Immunization record or appropriate waiver is on file with the child's school.

I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE. I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date