

**OHIO DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION
EARLY CHILDHOOD EDUCATION SECTION**

CHILD'S HEALTH INFORMATION FORM

Rule 3301-37-05 of the Administrative Code requires preschool programs to secure health information from a child's parent no later than the first day of attendance unless otherwise indicated.

Name of Child (print or type)	Date of Birth	Name of Parent/Guardian
Height	Weight	

1. Allergies (List all allergies affecting the child and any special precautions or treatments indicated for these allergies.) _____

2. Medications (List all medications currently being administered to the child.) _____

3. Chronic Physical Problems (List all chronic physical problems affecting the child.) _____

4. History of Hospitalizations (List dates of all hospitalizations of the child.) _____

5. Diseases (List all diseases the child has had.) _____

6. Immunizations (Enter month/day/year of each immunization.)

DTP: 1 _____ 2 _____ 3 _____ 4 _____ *5 _____

Polio: 1 _____ 2 _____ 3 _____ *4 _____

Measles, mumps, rubella – usually combined as MMR _____

If separate, measles _____, mumps _____, rubella _____.

The 5th DTP and 4th polio should be administered just prior to preschool or school entrance.

Name of Person Completing this Form	Date
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