

## 4-YEAR-OLD KINDERGARTEN MEDICAL RECORD

Student Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_

### MEDICAL HISTORY (check items child has had)

Bronchitis \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Diabetes \_\_\_\_\_

Ear Infections \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Disease \_\_\_\_\_

Kidney Infection \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Pneumonia \_\_\_\_\_ Premature Birth \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Other \_\_\_\_\_

Vision Problem (explain) \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing Problem (explain) \_\_\_\_\_

Allergies: \_\_\_\_\_

Food: \_\_\_\_\_

Animal: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Does your child require an Epipen/antihistamine (Benadryl)? Yes \_\_\_\_\_ No \_\_\_\_\_

Respiratory Difficulties (Asthma): \_\_\_\_\_

Serious accidents: \_\_\_\_\_

Operations (what and when): \_\_\_\_\_

Is your child toilet trained? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child take prescribed medication (home or school)? Yes \_\_\_\_\_ No \_\_\_\_\_

What medication: \_\_\_\_\_

For what reason: \_\_\_\_\_

Are there any special medical or other concerns that the school should be aware of to enable us to design an educational program for your child?  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted by the school nurse before school starts? Yes \_\_\_\_\_ No \_\_\_\_\_