

EASTON PUBLIC SCHOOLS
EASTON, MA

SUPPLEMENTAL HEALTH REPORT – KINDERGARTEN/PRESCHOOL

Please provide the following information on your child. This information is helpful to the School Nurse and Principal in identifying potential problems and in monitoring your child's health at school.

Child's Information

Child's Name: _____
 First Middle Last

Home Address: Street _____ Apt. _____
 City _____ State _____ Zip _____

Home Telephone: _____ Cell: _____

Mother's Information

Mother's Name: _____
 First Middle Last

Address (if different than child's): _____

Date of Birth: _____ Education (Highest Grade/Degree Completed): _____

Occupation: _____ Work Telephone: _____ Ext. _____

Father's Information

Father's Name: _____
 First Middle Last

Address (if different than child's): _____

Date of Birth: _____ Education (Highest Grade/Degree Completed): _____

Occupation: _____ Work Telephone: _____ Ext. _____

Other Family Information

Health Insurance Name and Policy Number: _____

Names and ages of other children in the family: _____

Other people living in the household: _____

What language is spoken at home? _____

Today's Date: _____ Parent/Guardian Signature: _____

Medical History

Any problems during pregnancy? _____ If yes, what? _____

Child's birth weight: ____ lbs. ____ oz. Was your child more than 3 weeks premature? _____

Any health concerns at birth? _____

Has your child been hospitalized (in-patient or out-patient) since birth? _____

If yes, please explain: _____

Does your child have allergies?

No Yes If yes, please describe: _____

What medication does your child take? _____

Does your child see a doctor for any of the following conditions: epilepsy, diabetes, asthma, heart disease, kidney disease, orthopedic problem or any other health problem?

No Yes If yes, please describe: _____

Has your child had any accidents or injuries (falls, sprains, broken bones, stitches, and poisonings)?

No Yes If yes, please describe: _____

Please describe any other health concerns: _____

Would you like to talk to your School Nurse about your child's health or concerns you may have about your child?

No Yes If yes, please call the School Nurse at the school your child will be attending. You may also talk to the Nurse about health insurance that may be available to you.

Date of Child's most recent physical examination: _____

Child's Physician: _____

Physician's Telephone Number: _____

Address: _____

Today's Date: _____ Parent/Guardian Signature: _____