



610-966-2081
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 littlelamblearnerspreschool@gmail.com

Student Health & Wellness Information

Child Name _____

What term does child use for toileting? _____

Does child have any bowel or bladder irregularities? NO____ YES ____

If yes, please explain _____

Are there any special food or eating instructions? _____

Has child ever had an allergic reaction to a food, medication, insect bite, plant or other substance?

NO ____ YES ____ If yes, please explain _____

Does child have any medical problems of which we should be aware? NO____ YES ____

If yes, please explain _____

Has your child ever been hospitalized? NO ____ YES____

If yes, please explain (give dates/reasons) _____

Does your child have or has your child ever had any of the following?

- | | | | |
|-------------------------|------------------|-------------------|------------------|
| Anemia | NO ____ YES ____ | Heart Murmur | NO ____ YES ____ |
| Asthma | NO ____ YES ____ | Hives | NO ____ YES ____ |
| Bronchitis | NO ____ YES ____ | Measles (10 days) | NO ____ YES ____ |
| Chicken pox | NO ____ YES ____ | Mumps | NO ____ YES ____ |
| Convulsions | NO ____ YES ____ | Pneumonia | NO ____ YES ____ |
| Juvenile diabetes | NO ____ YES ____ | Rheumatic Fever | NO ____ YES ____ |
| Eczema | NO ____ YES ____ | Scarlet Fever | NO ____ YES ____ |
| German Measles (3 days) | NO ____ YES ____ | Whooping Cough | NO ____ YES ____ |

If you answered yes to any of the above, please explain _____

Are your child's immunizations up to date? NO ____ YES ____

 Parent/Guardian Signature

 Date

***Please note: Little Lamb Learners must receive this completed form signed by parent/guardian, a physical form completed by a Licensed Physician, and a copy of his/her health insurance card before child may begin attending class.**