Bethel Park High School - Early Learning Center
Family and Consumer Science Department

Health History Form

This information is necessary for the health and safety of your child in the center.
Please be accurate and specific. This form will be kept in an open file.

Name of Child_____ Birth date _____/_____/_____

Address_____ Zip_____Home Phone _____

Father's Name _____ Cell Phone _____ Work Phone _____

Mother's Name _____ Cell Phone _____ Work Phone _____

In an emergency (if parent is not available) call:

Name_____ Relation to child _____ Phone _____

Name of Child's Doctor or Clinic _____ Phone _____

Has your child had any of the following immunizations?

Diptheria _____ Polio _____ Whooping Cough _____ Tetanus _____ Mumps _____

Measles _____ Chicken Pox _____ Hepatitis _____ Meningitis _____

What age did your child walk alone? _____

What age did your child talk in sentences? _____

What age did your child stop wetting the bed? _____

Has your child ever attended speech classes? _____

Does your child wear glasses? _____

Has your child had any of the following? (Please check and fill in dates)

Frequent sore throat _____ Colds _____ Sinus Infection _____

Hay Fever _____ Asthma _____ Other Allergies _____

Ear Aches _____ Running Ears _____ Hearing Loss _____

Measles _____ Chicken Pox _____ Mumps _____

Kidney Infection _____ Rheumatic Fever _____ Bloody Nose _____

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Health History Form – Continued

Name of Child: _____

Has your child had any of the following? (Please check and fill in dates)

Polio _____ Pneumonia _____Whooping Cough _____

Joint/Muscle Pains _____ Frequent Falling _____ Broken Bones _____

Diabetes _____ Hepatitis _____ Fainting _____

Convulsions _____ Seizures _____ Heart Murmur _____

Serious Accidents _____ Nightmares _____

Tonsillectomy _____ Appendectomy _____ Herniorrahaphy _____

Other operations: _____

Is your child under medical or surgical care at this time? _____

Are there any known birth defects? _____

List other conditions you believe should be known to the Early Learning Center personnel:

_____

Signature of Parent or Guardian: _____ Date: _____