Good Shepherd School
211 Franklin Road
Lookout Mtn., Tn 37350

CHILD'S HEALTH HISTORY CHECKLIST

_____ _____ _____
Child's name   Birth Date   Parent or Guardian Name

Please note any allergies or disabilities:_____

The answer to these questions will help us to know if your child has any medical problems. We need this Information in case he/she should become ill and we would be unable to reach you right away. Please circle The right answer. We will go over the checklist with you when you have finished.

Pregnancy and Birth
_____

YES NO   1) Were there any problems with pregnancy or your child's birth?

YES NO   2) Was his/her birth weight under 5 ½ pounds?

YES NO   3) Did the baby have any problems in the hospital?

Medical Problems
_____

YES NO   1) Has your child ever been in the hospital overnight?

YES NO   2) Is your child taking any medicine?

YES NO   3) Any allergies or reactions to medicine , DTP or other shots, or insects?

YES NO   4) Has your child had asthma or wheezing?

YES NO   5) Does your child have speech or hearing problems?

YES NO   6) Has your child had more than two ear infections in a year?

YES NO   7) Has your child had tonsillitis?

YES NO   8) Does your child have trouble with his/her eyes or seeing?

YES NO   9) Has your child had a bladder or kidney infection?

YES NO 10) Does he/she have burning when urinating?

YES NO 11) Does he/she have seizures, fits, or shaking spells?

YES NO 12) have you ever been told your child has a heart murmur?

YES NO 13) Is your child able to play as hard as other children?

YES NO 14) Has your child ever been with anyone having TB?

YES NO 15) Has your child ever had worms?

YES NO 16) Does your child scratch his/her genital area?

Is his/her bottom or genitals red or sore?

YES NO 17) Is your child a hemophiliac(free bleeder) ?

YES NO 18) Is your child on a heart monitor?

YES NO 19) Does your child have tubes in his/her ears?

General Development

_____

YES NO 1) is your child in a special education class in school?

YES NO 2) Does your child get along with other children?

YES NO 3) Is he/she usually happy?

YES NO 4) Does your child have any special problems not indicated above?

YES NO 5) When did your child last see a doctor? _____

Good Shepherd School requires that a child be free of fever for 24 hours before returning To school. Also a child must have had an antibiotic in his/her system 24 hours before returning to school.

I have read the above information about the school policy pertaining to sick children
Please sign _____

EMERGENCY INFORMATION:
Name of person authorized to act for parent in an emergency_____

Address_____**Phone #**_____**Cell#**_____

Where employed_____**Work Address**_____

Work Telephone_____**Work Hours**_____
____

Physician Information:
Name_____

Address_____

Office Number_____