

SCHOOLAGE HEALTH BACKGROUND **CHECK**

CHILD'S NAME: _____

DOES YOUR CHILD HAVE PAST ILLNESSES OR SERIOUS INJURIES? IF YES PLEASE EXPLAIN.

DOES YOUR CHILD HAVE ANY ALLERGIES, INCLUDING FOOD ALERGIES?

DOES YOUR CHLD HAVE CONDITIONS REQUIRING SPECIAL ATTENTION?

DOES YOUR CHILD HAVE ANY PROBLEMS OR FEARS?