



Bainbridge Island Child Care Centers

Child Health History Form

Child's Name: _____

Birthdate: _____

According to Washington State Department of Early Learning Licensing requires (WAC 170-295-7010-3 (a)) children enrolled in childcare must have an annual physical examination.

Date of child's last examination or last visit with health care provider: _____ Initials: _____

Can be updated and initialed next year:

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Date of child's last examination or last visit with health care provider: _____ Initials: _____

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Name of Physician giving the exam: _____

Is your child currently on any medication? () No () Yes

If yes, what medication and why?

Does your child have any allergies? () No () Yes

If yes, to what? What type of allergic reaction does s/he have? How is it treated?

Does your child have any chronic illnesses?

(Including asthma, ear aches, stomach aches, tonsillitis, etc.) () No () Yes

If yes, please explain:

Does your child have any life threatening medical condition that requires an individual health plan?

If yes, an Individual Plan of Care must be filed and approved by the physician.

What past illnesses has your child had and at what age?

Chicken Pox () No () Yes Age: _____

Scarlet Fever () No () Yes Age: _____

Diabetes () No () Yes Age: _____

Mumps () No () Yes Age: _____

Hepatitis () No () Yes Age: _____

Has your child been to the dentist?

() No () Yes Date: _____

Has your child's vision been tested?

() No () Yes Date: _____

Has your child's hearing been tested?

() No () Yes Date: _____

Other concerns or things we should know about your child's health:
