

Student Name _____
Last First MI

Does your child take medication daily? _____ If yes, what medication? _____

Will it be necessary to take the medication in school? _____

Growth & Development

Birth weight _____ Age walked _____ Age toilet trained _____

Age began using single words _____ simple sentences _____

Congenital abnormalities or defects _____

In relation to most children, do you feel that your child's growth & development was average, slow or fast? _____

Are there any special problems that we should know about to better help your child? _____

Parent Signature

Date

Space for further explanations of health issues