

**MESSIAH LUTHERAN SCHOOL**  
**Health and Personal Information Record**  
**2011-2012**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name child wishes to be called: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Persons other than myself, having permission to pick up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons **NOT HAVING PERMISSION** to pick up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any long-term medical conditions that will affect his daily routine?

\_\_\_\_\_

Does child have:

Frequent colds? \_\_\_\_\_ Ear aches? \_\_\_\_\_ Stomach aches? \_\_\_\_\_ Does he/she vomit easily? \_\_\_\_\_

Tonsillitis? \_\_\_\_\_ Asthma? \_\_\_\_\_ Hay fever? \_\_\_\_\_ Hives? \_\_\_\_\_ Allergic to bee stings? \_\_\_\_\_

Other? \_\_\_\_\_ Remarks: \_\_\_\_\_

Does your child have any food or other allergies? \_\_\_\_\_

What symptoms appear related to this allergy? \_\_\_\_\_

Is child right or left-handed? \_\_\_\_\_

Does child have any physical or emotional/behavioral problems of which we should be aware? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does child have an IEP (Individualized Education Plan)? \_\_\_\_\_ *If yes, please provide a copy.*

Are there any special family circumstances, which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.)? \_\_\_\_\_ If yes, please explain:

Does your child have any anxieties, phobias or fears of which we should be aware? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What concerns do you have about your child's present behaviors?

What are you doing about those concerns?

In what ways would you like to see your child develop during this year in our program?

Please add any comments you feel will help us know your child better:

Signature \_\_\_\_\_ Date \_\_\_\_\_