

# FSA Child Care HEALTH, DIET, DEVELOPMENTAL HISTORY (PRESCHOOL)

Child's name \_\_\_\_\_ Date \_\_\_\_\_

What are your child's abilities? What are your child's interests? What does your child like to do or play with?

We would like to include your child's home life and culture in the classroom. What would you like us to know about your family's culture and favorite activities?

## BIRTH INFORMATION

Place of birth \_\_\_\_\_ Birth date \_\_\_\_\_ Birth weight \_\_\_\_\_  
Problems at birth? (i.e., jaundice, oxygen needed, etc.) \_\_\_\_\_

## HEALTH HISTORY

Please indicate any illnesses/problems your child currently has or has had in the past.

_____ Allergies	_____ Eczema	_____ Vision/wears glasses or patch
_____ Anemia/sickle cell	_____ Exposure to TB	_____ serious accidents/injuries
_____ Asthma	_____ Heart trouble	_____ Surgery/hospitalization
_____ Bowel/bladder accidents	_____ Hearing/ear problems	_____ Constipation/Diarrhea
_____ Seizures	_____ Urinary tract infections	_____ Diabetes
_____ Bone/muscle	_____ cancer	_____ Medical Alert
_____ Other:	_____	_____

Please explain any items checked above: \_\_\_\_\_

Do you have any concerns about your child's health? \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

Please describe any special needs or help your child will need to participate in classroom activities:

## LEAD EXPOSURE RISK

Check any of the items that pertain to your child/family. These are possible lead exposure risks.

\_\_\_\_\_ Parent concerned child was exposed to lead  
\_\_\_\_\_ Child has lived in a home built before 1960  
\_\_\_\_\_ Family used utensils made of clay and/or teas made in Mexico  
\_\_\_\_\_ Child lives near a factory/mine releasing lead  
\_\_\_\_\_ Family member works around lead products

## DIET HISTORY

How would you describe your child's appetite?    \_\_\_ Good    \_\_\_ Fair    \_\_\_ Poor

What foods does your child like? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

What is his/her favorite snack? \_\_\_\_\_

Does your child eat clay, paint chips, dirt, or anything else that is not usually considered food? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Does your child have swallowing problems? \_\_\_\_\_

Describe \_\_\_\_\_

What eating utensils does your child use?    \_\_\_ Fork and spoon    \_\_\_ specially adapted utensils    \_\_\_ other

Do you have any questions about your child's diet?    \_\_\_ Yes    \_\_\_ No

If yes, what? \_\_\_\_\_

Do children and adults eat together in your household?    \_\_\_ Usually    \_\_\_ Sometimes    \_\_\_ Not usually

Are there any foods your child should not eat due to allergies, sensitivity, special diet or any other reason?

What foods: \_\_\_\_\_ Reason: \_\_\_\_\_

(If your child has any food allergies, we will need a doctor's note on file indicating which foods your child may not have)