

Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT
PRESCHOOL HEALTH AND DEVELOPMENT HISTORY

Child's Name: _____ Birthdate: _____ ..M ..F

Preschool Site: _____ ..AM ..PM ..Full Day (CC or Wrap)

Medical Insurance: ..Medi-Cal ..California Covered ..None ..Private Insurance: _____

Name of Child's Doctor: _____ Phone(_____) _____ Medical Plan: _____

Name of Child's Dentist: _____ Phone(_____) _____ Dental Plan: _____

HEALTH HISTORY

Does your child have any of the following:

...Yes ..No Asthma or Reactive Airway Disease

...Yes ..No Has your child ever been prescribed an inhaler or nebulizer?

...Yes ..No Diabetes ...Type 1 (needs insulin injections) ...Type 2

...Yes ..No Heart problem: If Yes, describe: _____

NUTRITION HISTORY

...Yes ..No Is your child allergic to any foods? (Please notify our preschool nurse)
If Yes, List: _____

...Yes ..No Has your child ever been prescribed an EpiPen or Antihistamine for this food allergy? (Please
notify our preschool nurse)

...Yes ..No Is your child lactose intolerant?

...Yes ..No Is your child on a special diet or tube feedings? If Yes, describe: _____

...Yes ..No Is there any food your child should not eat for religious preference reasons?
If Yes, List _____

...Yes ..No Is your child vegetarian/vegan?

J ...Yes ..No Does your child have any other medical conditions? (Please list) ... Yes ... No)