

# Health History

*The Recreation Coordinator will refer to this sheet prior to your child's attendance in our program. This helps them familiarize themselves with your child and any accommodation that may need to be made.*

1. Past Illnesses: Mark any illnesses that your child has had with approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Serious/Severe Illness/Accidents? No \_\_\_ Yes \_\_\_ (If yes, please explain)

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3. Does your child have any diet/food restrictions? No \_\_\_ Yes \_\_\_ (If yes, please explain)

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4. Is your child diabetic and/or require special medical attention? No \_\_\_ Yes \_\_\_ (If yes, please explain and contact the Recreation Coordinator, [bdelossantos@carmichaelpark.com](mailto:bdelossantos@carmichaelpark.com), for a more detailed correspondence).

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5. What is your overall evaluation of your child's health?

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6. All children must be able to use the bathroom without assistance to attend the program. Does your child have any difficulties using the bathroom? No \_\_\_\_  
Yes \_\_\_\_ (If yes, please explain)

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7. Does your child tire easily? No \_\_\_\_ Yes \_\_\_\_ (If yes, please explain)

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8. How does your child get along with parents, siblings, and other children?

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9. How does your child handle group experiences?

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10. Does your child have any special needs? No \_\_\_\_ Yes \_\_\_\_ (If yes, please explain)

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11. What is your overall evaluation of your child's personality?

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12. Extra comments?

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