

Child Medical Form
Twinkle Tots Home Day Care

Medical History (Must be completed by parent):

1. Is your child allergic to certain foods/substances? No ___ Yes _____ If yes, what?

2. Is your child currently under a doctor's care? No ___ Yes ___ If yes, for what?

3. Is your child on continuous medication? No ___ Yes ___ If yes, what?

4. List previous hospitalizations:

5. Does your child have a history of previous diseases or illness? No ___ Yes ___ If yes, please list:

6. Does your child suffer from any heart-related ailments? No ____, Yes ___ If yes, please provide details:

7. Does your child suffer from any mental disabilities? No ____, Yes ___ If yes, please describe symptoms:

Signature of Parent/Guardian: _____ **Date** _____