Kids Club
Pleasanton Unified School District

CHILD'S PREADMISSION HEALTH HISTORY – PARENT/GUARDIAN/DOMESTIC PARTNER'S REPORT

Child's Name	Gender	Date of Birth
Mother/Guardian/Mother's Domestic Partner	Age	Does the mother/guardian live in home with child?
Fathers/Guardian/Father's Domestic Partner	Age	Does the father/guardian live in home with child?
Has the child been under regular supervision of a physician?		Date of last examination

DEVELOPMENTAL HISTORY

Walked at: _____ months	Began talking at: _____ months	Toilet training started at: _____ months

ILLNESSES – Check those illnesses that the child has had and give approximate dates:

	Dates		Dates		Dates
☐ Chicken pox ☐ Asthma ☐ Rheumatic fever ☐ Hay fever		☐ Diabetes ☐ Epilepsy (Seizure Disorder) ☐ Whooping cough (Pertussis) ☐ Mumps		☐ Poliomyelitis ☐ Ten-day measles (Rubeola) ☐ Three-day measles (Rubella)	

Other serious or severe illnesses or accidents?

Does child have frequent colds?	How many in last year?	List any allergies staff should be aware of:
Has a bee ever stung your child? Yes ◯ No ◯	Did your child have any reactions to the bee sting? (Explain)	

DAILY ROUTINES

What time does child get up?	What time does child go to bed?	Does child sleep well?
Any food dislikes?	Any eating problems?	

Evaluation of child's health:

Evaluation of child's personality:

How does the child get along with parents, brothers, sisters, and other children?

Has the child had group play experiences?

Does the child have any special problems or fears? (Explain)

What is the plan for care when the child is ill?

Last Preschool or Child Care Program attended:

Parent/Guardian/Authorized Representative's Signature	Date