

CHILDREN'S CORNER COOPERATIVE NURSERY SCHOOL  
HEALTH FORM

CHILD'S NAME: First: \_\_\_\_\_ Last: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If so, what are they? \_\_\_\_\_

\_\_\_\_\_

Any medications or treatments used? \_\_\_\_\_

Any medical conditions such as seizures, asthma, or diabetes we should be aware? \_\_\_\_\_

\_\_\_\_\_

Date of last well child exam? \_\_\_\_\_

Is there any physical condition that would limit participation in classroom or playground activity? \_\_\_\_\_ If yes, please comment \_\_\_\_\_

\_\_\_\_\_

Is the child in good health condition? \_\_\_\_\_ If no, please comment \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach your child's immunization records from his or her pediatrician.**