

Blue Bird Day Care and Learning Center

1512 Wyoming Blvd.

Albuquerque, New Mexico, 87112

Child's Health History

Dear Parent we are delighted to have you and your child be a part of our program. We ask that you fill out a health history on your child so we can get to know him/her better and be able to meet his health needs.

Child's Name _____ Birth Date _____

1. Does your child have any allergies? If so, please explain what they are _____
2. Does your child have any symptoms when he/she is having an allergic reaction _____
3. Does your child have or has ever had any difficulties breathing? _____ If so explain _____
4. Has your child ever been hospitalized or had any unusual surgeries? _____ If so explain. _____
5. Has your child ever had any severe ear infections? _____ if so explain _____
6. Has your child ever had any severe eye infections? _____ If so explain _____
7. Has your child ever had any trouble with hearing, seeing, speaking, walking, and running? _____ If so explain _____
8. Does your child have any trouble with their tear ducts? _____ If so explain _____
9. Please explain any other health concerns that have not previously been mentioned or discussed _____

Comments: _____

Parent Signature

Date