

# Summer 2009 Streamwood H.S.

## Art Enrichment Program

### Pre-Admission Health Information

Student's Name: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_

Student's Grade in School: \_\_\_\_\_

Has this child ever attended a U-46 School, including Preschool?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

**Family History:**

Number of children in family? \_\_\_\_\_

This child in order of birth? \_\_\_\_\_

Are all family members healthy? \_\_\_\_\_

**Birth History:**

Was mother healthy during pregnancy? \_\_\_\_\_

Was baby full term? \_\_\_\_\_ Delivery Problems? \_\_\_\_\_

Did mother and baby leave hospital on same day? \_\_\_\_\_

**Developmental History:**

Age of walking \_\_\_\_\_ Age of talking \_\_\_\_\_

Age toilet trained: day \_\_\_\_\_ night \_\_\_\_\_

**Health History:**

Does this child have:	Yes	No	When was the last one?
Allergies	_____	_____	
Asthma	_____	_____	
Recurrent ear infection	_____	_____	_____
Any chronic illness	_____	_____	_____
Any seizures	_____	_____	_____
Any physical limitations	_____	_____	_____
Any sleeping difficulties	_____	_____	_____

Has this child been:

Hospitalized \_\_\_\_\_

Seriously injured \_\_\_\_\_

Prescribed/on medication \_\_\_\_\_

Examined for vision \_\_\_\_\_

Does he/she wear glasses \_\_\_\_\_

**Concerns:**

Are there any health problems to which the teacher/nurse should be alerted? \_\_\_\_\_  
 \_\_\_\_\_

**Reminder:**

**I understand that all students must have a physical exam and complete record of immunization on file at school in order to remain in attendance. (Illinois School Code, Sec. 27-8.1)**

Parent Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

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