

# Infant Student Information/Medical History

You can help us plan for your child's needs, understand concerns and responses and support and encourage your child if you will provide us with the following information. This information will be kept confidential and we would like for you to update it as needed. This information will only be used to help us understand your child's needs.

**Date Form Completed:** \_\_\_\_\_

**Child's full name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of parents:** \_\_\_\_\_ **Mother** \_\_\_\_\_ **Father**

**Child's home address** \_\_\_\_\_

**Mother's cell phone** \_\_\_\_\_ **Father's cell phone** \_\_\_\_\_

**Marital status of parents:** \_\_\_\_\_

**If divorced, please briefly describe custody and visitation agreement concerning your child.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sister's names and ages** \_\_\_\_\_

**Brother's names and ages** \_\_\_\_\_

**Other persons living in your home please give names, ages and relationship to your child.**

\_\_\_\_\_  
\_\_\_\_\_

**Other significant persons in your child's life (Grandparents, babysitters, stepfamilies, etc. )**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have a pet? Kind** \_\_\_\_\_ **Name** \_\_\_\_\_  
\_\_\_\_\_

**Please list any allergies your child may have and how they are manifested.**

\_\_\_\_\_

**Are there and dietary restrictions for your child? If so, please describe.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Have there been any deaths, adoptions, or other changes in the family structure that affected your child? Briefly describe the event and the effect on your child.**

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**What opportunities does your child have to interact with other individuals outside of the family?**

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**What are your child's favorite play activities?** \_\_\_\_\_

**How would you describe your child's personality?** \_\_\_\_\_

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**What do you and your child enjoy doing together?** \_\_\_\_\_

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**What fears does your child have and how are they expressed?** \_\_\_\_\_

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**How much sleep does your child require daily?** \_\_\_\_\_

**What time(s) does your child nap?** \_\_\_\_\_ **Usual bedtime** \_\_\_\_\_

**What communicable illnesses has your child had? Indicate date or age.**

**Chicken pox** \_\_\_\_\_ **Hand, Foot, & Mouth Disease** \_\_\_\_\_ **RSV** \_\_\_\_\_

**Pink Eye** \_\_\_\_\_ **Strep throat** \_\_\_\_\_ **COVID-19** \_\_\_\_\_ **Other** \_\_\_\_\_

**Does your child have frequent** **Colds** \_\_\_\_\_ **Coughs** \_\_\_\_\_ **Seasonal Allergies** \_\_\_\_\_

**Acid reflux** \_\_\_\_\_ **Ear infections** \_\_\_\_\_ **Eczema** \_\_\_\_\_ **Seizures** \_\_\_\_\_

**Other medical problems:**

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**Does your child have any abnormality of the** **Skin** \_\_\_\_\_ **Glands** \_\_\_\_\_ **Extremities** \_\_\_\_\_

**Genitalia** \_\_\_\_\_ **Nervous system** \_\_\_\_\_ **Other** \_\_\_\_\_

**Where does your child sleep & what are their sleeping preferences?** \_\_\_\_\_

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**Is your child on any medication? If so, describe** \_\_\_\_\_

**Is your child breastfed or bottle fed? How many ounces and how often does your baby take a bottle?**

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**What table foods has your child started eating?** \_\_\_\_\_

**Describe your child's eating habits** \_\_\_\_\_

**How would you consider your child's overall health?** \_\_\_\_\_

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What brand of diapers do you prefer to use? \_\_\_\_\_ Wipes? \_\_\_\_\_

Does your baby make cooing sounds such as “ooo,” “gah,” and “aah” or do they make sounds like “da,” “ga,” “ka,” and “ba”? \_\_\_\_\_

When your baby is on his/her tummy do they turn their head to the side? \_\_\_\_\_

Does your baby reach and grasp for objects? \_\_\_\_\_

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Does your baby roll from back to tummy, getting both arms out from under them? \_\_\_\_\_

When sitting on the floor, does your baby sit up straight for several minutes using their hands for support? \_\_\_\_\_

Does your baby get into a crawling position by getting up on their hands and knees? \_\_\_\_\_

Does your baby walk beside furniture while holding on with only one hand? \_\_\_\_\_

Does your baby walk independently? \_\_\_\_\_

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Please give any additional information you think may be important for us to know.

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What hopes and expectations do you have for your child related to his/her attending our program? \_\_\_\_\_

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Thank you for helping us get to know you and your child a little better. We look forward to a great year!