WAPPINGERS CENTRAL SCHOOL DISTRICT | Empower Challenge Grow

School Health Services

_____SCHOOL

KINDERGARTEN HEALTH DATA SHEET

Student _____ Date of Birth _____Gender ____
Mother's Name _____ Father's Name_____
Mother's Phone # Home _____ Work _____ Cell _____
Father's Phone # Home _____ Work _____ Cell _____
Mother's Address _____
Father's Address _____

With whom does this child live?
☐Both Parents ☐Mother ☐Father ☐Guardian Other_____

Student's Physician _____ Phone # _____

Emergency Contact if parent/guardian cannot be reached:

Name _____ Relationship to Student _____
Phone # _____

PRENATAL AND DEVELOPMENTAL HISTORY

Did the mother have any unusual problems/illness during the pregnancy or the birth such as breech, forceps or Cesarean delivery? ☐ Yes ☐ No If yes, please explain briefly:
_____
_____

Was this infant born: ☐ Full term ☐ Premature ☐ Post mature
What was this infant's birth weight? _____ lb. _____ oz.
Did this infant have any sickness or problems while in the hospital, such as jaundice, apnea spells or convulsions? ☐ Yes ☐ No If yes, please explain briefly: _____
_____

Please give an approximate age at which this child: sat up alone _____ walked _____
said single words _____ said sentences _____ was toilet trained _____
Please briefly describe this child's overall development in relation to his/her other siblings:___
_____

Please Return Form to Health Office