



Lighthouse Christian Academy
PreSchool Child's Health History

3660 Shelby Road
Millington, TN 38053
(901) 873-3353
www.lcaps.org
info@lcaps.org

Child's Name

Birth Date

Parent/Guardian

The answers to these questions will help us to know if your child has any medical needs necessary for us to provide. We need this information in case he/she should become ill and we are unable to reach you right away. Please circle the correct answers regarding your child's health. We will go over the checklist with you when you have finished if there are needs we should be aware of for your child.

Pregnancy and Birth (please circle correct answer)

- Yes No 1. Were there any problems with pregnancy or your child's birth?
- Yes No 2. Was his/her birth weight under 5 1/2 pounds?
- Yes No 3. As an infant, did your child have any problems in the hospital?

Medical Problems (please circle correct answers)

- Yes No 4. Has your child ever been in the hospital overnight?
- Yes No 5. Is your child taking any medication?
- Yes No 6. Does your child have any allergies or reactions to meds, shots, or insects?
- Yes No 7. Has your child had asthma or wheezing?
- Yes No 8. Does your child have speech or hearing problems?
- Yes No 9. Has your child had tonsillitis?
- Yes No 10. Does your child have trouble with his/her eyes?
- Yes No 11. Has your child had a bladder or kidney infection?
- Yes No 12. Does he/she have seizures?
- Yes No 13. Have you ever been told your child has a heart murmur?
- Yes No 14. Is your child a hemophiliac (free bleeder)?
- Yes No 15. Is your child on a heart monitor?
- Yes No 16. Does your child have tubes in his/her ears?
- Yes No 17. Does your child become overheated easily?

Please give farther information pertaining to the above questions:

General Development

- Yes No 18. Does your child have any special needs for learning?
- Yes No 19. Does your child get along with other children?
- Yes No 20. Is he/she usually happy?
- Yes No 21. Does your child have any physical limitations?
- Yes No 22. Is he/she an aggressive child?
- Yes No 23. Is your child able to play at as high of energy level as other children?



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Experiences with Others:

What are some of the ways in which they child plays at home? _____

Does he/she play with other children from other families? _____ How? _____

Does he/she usually get his/her own way with other children? _____ If so, what is your child's reaction when he does? _____

When he doesn't get his way? _____

Is the entire family together for any time during the day? _____ When? _____

Eating Habits

At what time does the child usually eat breakfast? _____ Lunch? _____ Dinner? _____

Snacks? _____ Does he/she feed himself? _____ What is his general attitude toward eating? _____

If he/she refuses to eat, how is this handled and by whom? _____ What are his/her favorite foods? _____

Disliked foods? _____

Foods allergic to _____

Sleep Habits

Room with parents? _____ Shares room with others? _____

At night sleeps from _____ to _____ Average hours _____ Naps from _____ to _____

Average hours _____ Attitude toward going to bed _____

If there is difficulty, how is this handled? _____

Habits associated with going to bed _____

Does he/she wet the bed? _____ At naptime? _____ At night? _____ If so, how is this problem handled? _____

Toilet Habits

Times at which child is taken to the bathroom? _____

Does he/she clean himself? _____ Time of bowel movement? _____

Regular? _____ Constipation? _____ Does he/she tell you when he/she needs to go to the toilet and go willingly? _____ Can he/she manage his own clothing while toileting? _____

What word does he/she use for urinating? _____ Bowel, movements? _____

Speech and Physical Growth

Does he/she speak well? _____ Fairly well? _____ Not very well? _____ Not at all? _____

Does anyone read to him/her? _____ How regularly? _____ At what age did he/she

crawl? _____ Walk? _____ Would you describe your child as active, quiet, thin, average weight, heavy, tall, average height, short, friendly, unfriendly, shy? Please

circle your decision. Please share any additional information you think we should know about your child:

