**Health Information Form**

 **Promise Staff**

**Does you child have a Dental Home?** (continuous accessible dental care by a dentist)

 Yes No

 **Dentist/Dental Home is**

**Did your child receive preventive dental care?**

 **Dental Coverage**

 **Dental Coverage #**

**Does your child have a Medical Home?** (continuous accessible medical care by a doctor)

 Yes No

**Doctor/Medical Home is?**

**Has your child received medical treatment for**: *circle one*

Anemia Asthma Hearing Dificultites Vision Problems High Lead Level Diabetes

 Yes Yes Yes Yes Yes Yes

 No No No No No No

 **Critical Health Notes:**

 (Chronic Condition)

 **Allergy Problems**

 Food or Environmental

If yes, please complete Nutrition Intake Form

 **General Health Notes**

(Info a teacher will need to know)

**Is your child taking any medications every day?** If yes, please explain.

**Will medication be needed at school or socializations?** If yes, please explain

**Primary Health Coverage**

 **Insurance #**

 **Medicaid Eligibility**

 **Medicaid #**

 **Health Insurance Notes**

**Do you access WIC**? Yes No