1. Health concerns? YES NO
If yes, please explain:
2. Please list medications:
3. Please list medications needed during school hours:
4. Please explain nutrition:
5. Preferred hospital:
6. Does the child currently have high lead? YES NO
If yes, please explain:
7. Does the child have a special diet? YES NO
If yes, please explain:
8. WIC? YES NO
9. Immunizations:
10. Written plan:
11. Parent Resources:
12. Immunization records: YES NO
If no, where?:
13. Is the child toilet trained? YES NO
If not a toilet plan needs to be created:
14. Diaper size:
15. Other concerns:
16. Came to the U.S? YES NO
If yes, tested for Tuberculosis? YES NO
17. I am responsible:
18. Staff name: