

Sacramento City Unified School District  
CHILD DEVELOPMENT DEPARTMENT  
PRESCHOOL HEALTH AND DEVELOPMENT HISTORY

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ..M ..F

Preschool Site: \_\_\_\_\_ ..AM ..PM ..Full Day (CC or Wrap)

Medical Insurance: ..Medi-Cal ..California Covered ..None ..Private Insurance: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Medical Plan: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Dental Plan: \_\_\_\_\_

**HEALTH HISTORY**

Does your child have any of the following:

...Yes ..No Asthma or Reactive Airway Disease

...Yes ..No Has your child ever been prescribed an inhaler or nebulizer?

...Yes ..No Diabetes ...Type 1 (needs insulin injections) ...Type 2

...Yes ..No Heart problem: If Yes, describe: \_\_\_\_\_

NUTRITION HISTORY

...Yes ..No Is your child allergic to any foods? (Please notify our preschool nurse)  
If Yes, List: \_\_\_\_\_

...Yes ..No Has your child ever been prescribed an EpiPen or Antihistamine for this food allergy? (Please  
notify our preschool nurse)

...Yes ..No Is your child lactose intolerant?

...Yes ..No Is your child on a special diet or tube feedings? If Yes, describe: \_\_\_\_\_

...Yes ..No Is there any food your child should not eat for religious preference reasons?  
If Yes, List \_\_\_\_\_

...Yes ..No Is your child vegetarian/vegan?

J ...Yes ..No Does your child have any other medical conditions? (Please list) ... Yes ... No )