



JFH Educational Academy Inc.

Jolly Fun House Playschools • Jolly Fun Day Camp

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HEALTH HISTORY

PLEASE SIGN AND RETURN TO THE OFFICE

Child's Name _____ Birth date _____ Age _____

A. PRENATAL HISTORY

1. Was mother's age (under 17 or over 35) at time of birth: ___ Yes ___ No.
2. Did mother gain (under 20 lbs. or over 40 lbs.) during pregnancy? ___ Yes ___ No.
3. Did you have prenatal care? ___ Yes ___ No If yes, what month of pregnancy did prenatal care begin? _____
4. Were there any health problems/complications/injuries during your pregnancy? Yes ___ No ___
If yes, explain _____
5. Were there any complications/problems during labor or delivery for the mother or the child?
Yes ___ No ___ If yes, explain _____
6. Birth weight ___ lbs. ___ ozs. Was your child full term? ___ Yes ___ No If no, number of months _____

B. HEALTH

1. Did your child have any medical illnesses at birth or within the first year of his/her life? Yes ___ No ___
If yes, explain _____
2. Has your child had a serious accident in the past? ___ Yes ___ No Head injury? Yes ___ No ___
If yes, explain _____
3. Does your child seem well most of the time? ___ Yes ___ No
4. Has your child ever had any serious health problems? ___ Yes ___ No
If yes, explain _____
5. Does your child have health problems now? ___ Yes ___ No
If yes, explain _____
6. Is your child taking any medication now (including aspirin, laxatives, vitamins, etc.)? Yes ___ No ___
If yes, what medication? _____ Why? _____
7. In a year, has your child had as many as three (3) ear infections? ___ Yes ___ No
8. Are you concerned about your child's hearing? ___ Yes ___ No
9. In a year, does your child have more than 3 colds or sore throat infections with a fever? ___ Yes ___ No
10. Are you concerned about your child's eyes or vision? ___ Yes ___ No
11. Has your child ever been seen by a medical specialist? ___ Yes ___ No If yes, explain _____
12. Does your child have any special needs? ___ Yes ___ No If yes, explain _____
13. Has your child ever been hospitalized? ___ Yes ___ No If yes, explain _____
14. Is your child allergic to any foods or substances? ___ Yes ___ No If yes, to what? _____

(Ask for **Food Allergy Action Plan** form)

15. Please note **any birth marks or Mongolian spots:** _____

C. TOILETING

1. Is your child potty trained? ___ Yes ___ No If yes, at what age? _____
2. What word does your child use for: urination? _____ bowel movement? _____
3. What is the frequency of your child's bowel movement? _____

