

Preschool All About Me

Child's Name _____

Does your child have any allergies? ____ Yes ____ No

If yes, what allergies does your child have?

How should we respond if he/she has an allergic reaction?

Has your child had a previous serious illness, injury, or hospitalization during the past 12 months?

_____ Yes _____ No

If yes, please explain:

Is your child taking any medication? _____ Yes _____ No

If yes, are there any side effects we should be alerted to?

Does your child have any special fears? ____ Yes ____ No

How does your child communicate his/her needs?

When your child gets upset, what helps him/her calm down?

Are there any particular routines that are helpful at naptime?

Please list any other information that will be helpful in your child's daily routine.

Parent Signature _____ Date _____