

Little Sunbeams Pre-school

PRIVATE AND CONFIDENTIAL

Health Form

Childs name:

Childs DOB:

Does your child have any of the following?

Birthmarks, Moles, Skin staining, Etc.

Yes/No

If **Yes** Please give details below.

Hospitalization

Has your child been admitted to hospital?

Yes/No

If **Yes** please give details below.

Dates

Reason

Signed.....

Print Name.....

Date.....