

INITIAL PARENT HEALTH QUESTIONS

Child's full name _____ Center _____

Has your child had a physical exam? WHEN and WHERE!
(child cannot attend center until a physical is completed and on file in the office) (90 day deadline)

Has your child had a dental exam? WHEN and WHERE!
(it is okay to start center without a dental exam, parents need to make an appointment as soon as they can) (90 day deadline)

Do you have any forms that need to go back to the Head Start office?
complete and return them to the office ASAP

Does your child have any health concerns, diagnosed problems, etc.?
(allergies, asthma, seizures, diabetes, etc.)
Have parent complete appropriate form(s) and return to office

Does your child need to take medications at school?
Have parent complete "Administration of Medications" form and return copy to office