

Special Saturday Club

HEALTH HISTORY FORM



I. BASIC INFORMATION

Child's Name: _____

Child's Age: _____ Birth date: _____ Gender: _____ Ethnicity(optional): _____

Parent/Guardian Name(s): _____

Home Address: _____ ZIP _____

Home Phone (____) _____ Work Phone (____) _____ Pager/Cell (____) _____

Local person authorized to act in your behalf if you cannot be reached (must be 18 years or older):

Name _____ Relationship to child _____

Phone (____) _____ Address _____

Does your child have a disability? Yes No If yes, please list: _____

How did you hear about our program? _____

II. YOUR CHILD'S ABILITIES

A. Expressive communication/speech or visual systems: How does your child express himself (for example: objects, photos, line drawings, verbal and/or written language)?

B. Receptive understanding/or visual systems and hearing: What does your child understand (for example: sentences, single words, written language, line drawings, photos, etc.)?

C. Socialization: How does your child interact with others? What kinds of activities does your child enjoy? Explain in detail: _____

D. Self care: Describe your child's self care skills - toileting, dressing, washing hands, feeding, any other routines. Explain in detail: _____

E. Fine motor skills (writing, drawing, grasping): _____

F. Gross motor skills (crawling, running, walking, throwing): _____

(Over)

III. MEDICAL NEEDS

Seizures: Yes No Type: _____ Date of last seizure: _____

Duration: _____ Frequency: _____ Controlled by medication? Yes No

Describe seizure & recovery period afterwards: _____

Is your child on medication? Yes No List **ALL** medicines: _____

IMPORTANT NOTE: OUR STAFF WILL NOT ADMINISTER MEDICATION OF ANY KIND!

If your child requires medicine be administered, name an authorized person who **MUST** be at Saturday Club to administer medicine: _____

Asthma: Yes No Triggers (i.e., pets, foods, dust, etc.): _____

Allergies: (Including foods, insects, pollen or anything else): _____

If reaction occurs: _____

Skilled medical care or apparatus (feeding tube, wheelchair, etc. Explain in detail): _____

IV. BEHAVIOR

Behaviors of which staff should be aware: _____

How do you manage these behaviors? _____

What type of noises, activities, or situations bother your child? _____

This form is kept on file for all Special Saturday Club visits during the calendar year. If any changes occur, please notify us at the Camp Fire West Branch Office at 360 377 5513.

Parent/Guardian Signature _____ **Date** _____

