



Speedway Cooperative Preschool
3000 N. High School Road
Indianapolis, IN 46224

Date _____

Health Form for Returning Students

Child's Full Name

Race/Ethnicity

Child's Class

As a returning Speedway Co-op member, your child's health history is already on file; however, we would like to update your child's health information.

Please check any diseases your child has had since his/her original health form was completed:

- Chicken pox Three day measles Seizures Allergies Diphtheria
 Ten day measles Mumps Asthma Whooping cough Scarlet fever
 Frequent colds

Give a brief history of any serious accident, operation, and/or health condition (such as rheumatic fever, diabetes, epilepsy, vision and/or hearing problems) your child may have had or developed since you last filled out a health form.

List any immunizations your child has received since you last filled out a health form.

List any changes in or additional medication your child is taking.