

## HOME HEALTH INFORMATION

Name of Student: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Home Email: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work #: \_\_\_\_\_

### DOES YOUR STUDENT HAVE ANY:

- Allergies? \_\_\_\_\_
- Difficulties with speech, vision, or hearing? \_\_\_\_\_
- History of hospitalization or surgery? \_\_\_\_\_
- Daily medication(s)? \_\_\_\_\_
- Special interests? \_\_\_\_\_
- Fears? \_\_\_\_\_
- Responsibilities at home? \_\_\_\_\_

What parent/guardian(s) does your student live with?

\_\_\_\_\_

Please list the names and ages of your student's siblings: \_\_\_\_\_

\_\_\_\_\_

Please list the name of your student's preschool and years attended, if any:

\_\_\_\_\_

What form of discipline do you use at home? \_\_\_\_\_

Additional information that would help us understand your student better:

\_\_\_\_\_