

Pittsford Nursery School  
Babysitting Health Fact Form

Child's name \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Emergency name and phone \_\_\_\_\_  
Pediatrician name and phone \_\_\_\_\_  
Child's Birthdate \_\_\_\_\_  
Child's Teacher(Sibling in Classroom) \_\_\_\_\_

List all allergies and medical concerns _____
_____
_____
_____

Special comforters (*blanket, pacifier, special toys*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Toilet habits \_\_\_\_\_  
\_\_\_\_\_

Describe nap routine \_\_\_\_\_  
\_\_\_\_\_

Teething behavior \_\_\_\_\_  
\_\_\_\_\_

Separation problems \_\_\_\_\_  
\_\_\_\_\_

Snacks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ My child may have saltines, pretzels or Cheerios provided by caretakers (please initial if this is acceptable)