

BBNA Head Start

PO Box 310 Dillingham, AK 99576 907-842-4059

Returning Student Wellness Update

Childs Name: _____ Birth Date: ___/___/___

Community: _____

Health	Yes	No	Explanation
Has anything changed regarding your child's health or behavior?			
Has your child had any serious illnesses or accidents over the summer months?			
Would you like any help or information regarding your child's health? If yes what topic or question could we help you answer or discuss?			
Nutrition	Yes	No	Explanation
Has there been any change in your child's eating habits?			
Is your child receiving WIC?			
Allergy	Yes	No	Explanation
Has your child developed any allergies he or she did not have last year?			
Please relist any allergies your child may have			

Parent's Signature: _____ Date: _____