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Term: 1st Year 2nd Year
Form Uploaded Date

PRESCHOOL FOR ALL
MULTNOMAH COUNTY

Student Health Questionnaire

Completion Date for PFA Site Enrollment Forms

Student's First Name: **Last Name:**

Date of Birth: **Gender:**

Preschool for All Student ID Number:

Preschool for All Site:

Parent/Guardian name: **Phone number:**

Secondary phone number: **Email address:**

In what language(s) would you prefer to receive communication?

Is your child currently receiving Multnomah Early Childhood Program services (has an IFSP)? Yes No

- **Does your child have any medical needs or health conditions listed below?**

Asthma Diabetes Seizures Adrenal Insufficiency

Allergies (list): EpiPen at school? Yes No

Medical needs/equipment:

Other:

- **Will your child need any medication that is required during school hours?**

Yes No

If yes, please list medication:

- **Do you have any concerns in any of the areas listed below? (Check all that apply)**

Seeing Hearing Teeth Eating / Swallowing

Parent Signature: _____ **Date**: _____