

Child Information

Date: Year Month Day

Name of the child	Birth day: Year Month Day
	Height: cm Weight: kg
	Blood Type: Average temperature: °C

《Emergency Contact Number》

Name:	Type business, home or cell:	Number:
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Meal	Time	Breakfast :	Daily Life	Hand-wash	can · can't
		Lunch :		Face-wash	can · can't
		Dinner :		Gargle	can · can't
	Meal size	much · moderate · a little		Brushing of teeth	can · can't · need help finally
	Mealtime	About()minutes		Get dressed	By oneself · Need help
	Snack	None · Yes: Time(:)		Hand dominance	Right · Left · Left-handed but corrected
	Likes and Dislikes	none · a little · a lot		Afraid of strangers	Yes · No
	Likes	()		Habit	()
	Dislikes	()		Health	Illness liable to()
	How to eat	On the (chair · floor) (with family · alone)			History of injuries ()
Allergy	None · Yes ()		Year Month Day		
Countermeasure:					
Excretion	Diaper	Disposable · Disposable(pants type) · Linen	History of diseases	Exanthem subitum	
		Only at night		Chickenpox	
	Urination	Inform before · Inform after · Inform sometimes		Rubella	
	Stool	Inform before · Inform after · sometimes		Mumps	
	Interval	Unstable ()hours		Pertussis	
Type of toilets	Western style · Japanese style · Potty	Measles			
Sleep	Get up at around	: :	Immunization	Spasm	
	Go to bed at around	: :		Abarticulation	
	Nap	(:) ~ (:) · None		Others	
	Fall asleep	Well · Bad · Others()		Poliomyelitis	
	Wake up	Well · Bad · Others()		DPT vaccine	
	Habit to sleep	None Yes()		Tuberculin	
	Sleeping style	alone · with Father · with Mother · others()		BCG	
Write your preference, if any. Today's condition.			Play	Measles	
				Rubella	
			Where to be brought up	Japanese encephalitis	
				MMR	
				Others	
				Favorite game	()
				To play with	()
				What parents make consideration	()
				At home by family · By baby-sitter · Nursery school · Others()	