Child Information

Date: Year Month Day

Name of the child	Birthday: Year Month Day
	Height: cm Weight: kg
	Blood Type: Average temperature: ℃

《Emergency Contact Number》

Name:	Type business, home or cell:	Number:
Name:	Type business, home or cell:	Number:

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 ( )	History of diseases		Year Month Day
	Countermeasure:			Exanthem subitum	
Excretion	Diaper	Disposable・ Disposable(pants type)・ Linen		Chickenpox	
		Only at night		Rubella	
	Urination	Inform before・Inform after・ Inform sometimes		Mumps	
	Stool	Inform before・Inform after・ sometimes		Pertussis	
	Interval	Unstable ( )hours		Measles	
	Type of toilets	Western style ・ Japanese style ・ Potty		Spasm	
Sleep	Get up at around	:	Immunization	Abarticulation	
	Go to bed at around	:		Others	
	Nap	(:)～(:)・None		Poliomyelitis	
	Fall asleep	Well・Bad・Others( )		DPT vaccine	
	Wake up	Well・Bad・Others( )		Tuberculin	
	Habit to sleep	None Yes( )		BCG	
	Sleeping style	alone・with Father・with Mother・ others( )		Measles	
				Rubella	
				Japanese encephalitis	
				MMR	
				Others	
			Play	Favorite game	( )
				To play with	( )
				What parents make consideration	( )
Write your preference, if any. Today's condition.			Where to be brought up	At home by family ・ By baby-sitter ・ Nursery school ・ Others( )	