

Health History/Student Information

Student Name: _____ Date of Birth: _____ Gender: _____

1) Does your child have any known allergies? [] Yes [] No
If yes, list here: _____

2) Please list any special dietary or medical information necessary for management in case of an emergency:

3) With whom does the student reside?
 Mom Dad Other _____

4) Names and ages of other children in your family:

5) Has your child previously attended BUMP? If yes, what teacher(s)? _____

6) Have your other child(ren) attended BUMP? If yes, what teacher(s)? _____

7) Are you members of the Blacksburg United Methodist Church? [] Yes [] No

8) Please describe any physical or emotional conditions we should know about: _____

9) Child's favorite activities: _____

10) Is there anything else we need to know to help us understand your child better? _____

11) Choose five words from the following list that best describe your child:

- | | | | | | | |
|--------------|---------------|----------|---------------|--------------|----------|-----------|
| Neat | Playful | Active | Curious | Builder | Peaceful | Sensitive |
| Observant | Nature-loving | Helpful | Methodical | Reflective | Artistic | Funny |
| Logical | Talkative | Quiet | Reserved | Confident | Daring | Organized |
| Passive | Gentle | Cheerful | Free-spirited | Social | Timid | Dreamer |
| Enthusiastic | Content | Calm | Determined | Other: _____ | | |

