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| 健康管理票 | | | | | | | | | | | | |
|  | | | | | | | | | | 記入日：令和　　年　　月　　日 | | |
| ふりがな | |  | | | | | | 保護者氏名 | |  | | |
| 名前 | |  | | | | | | 連絡先 | | −　　　− | | |
| E-Mail | | ＠ | | |
| 年齢 | |  | | | | | 歳 | SNS | | （　　　　　） | | |
| ・健康情報 | | | | | | | | | | | | |
| アレルギー情報 | | | | | |  | | | | | | |
| 慢性疾患や既往症 | | | | | |  | | | | | | |
| 定期的な医療ケア | | | | | |  | | | | | | |
| 特別な注意が必要な事項 | | | | | |  | | | | | | |
| ・服薬情報 | | | | | | | | | | | | |
| 薬名 | | | | 病気・ケガ名 | | | | | 自分一人で | | | 使い方（詳細に） |
|  | | | |  | | | | | 飲める・飲めない | | |  |
|  | | | |  | | | | | 飲める・飲めない | | |  |
|  | | | |  | | | | | 飲める・飲めない | | |  |
| ・生活習慣 | | | | | | | | | | | | |
| 食事 | 禁止食材 | | | |  | | | | | | | |
| 好き嫌い | | | |  | | | | | | | |
| 食べる量 | | | | 多い・普通・少ない | | | | | | (同年代の子と比べて) | |
| 時間 | | | | 早い・普通・遅い | | | | | | (同年代の子と比べて) | |
| トイレ | 排便 | | | | 毎日（　）回・（　）日に1回・週に（　）回 | | | | | | | |
| 夜中 | | | | 行っていない・行っている | | | | | | （　）時頃（　）回 | |
| 睡眠 | 昼寝 | | | | 必要・不要 | | | | | | | |
| 注意点 | | | |  | | | | | | | |
| ・緊急対応 | | | | | | | | | | | | |
| かかりつけ医 | | | 名称 | |  | | | | | | | |
| 連絡先 | |  | | | | | | | |
| 緊急時の対応方法 | | | | |  | | | | | | | |
| ・性格について | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ・備考 | | | | | | | | | | | | |
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