

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

DATE OF ENROLLMENT: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent(s) or Guardian: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's..... Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

<u>Important Health Problems:</u>	<u>Follow You</u>	<u>Followed by Other Med. Source (list)</u>	<u>Requires Special Attention at Center</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program: \_\_\_\_\_

Signature of Health Source \_\_\_\_\_ Phone: \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

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