

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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