

HEALTH CARE SUMMARY
MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

Name of Child: _____ Date of Birth: _____

Address: _____ Telephone: _____

Parent(s) or Guardian: _____

Date of last physical exam: _____ How long have you been seeing this child? _____

How frequently do you see this child if he/she is not ill? _____

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>Followed by you</u>	<u>Followed by other</u>	<u>Requires Special</u>
		<u>Med Source (Name)</u>	<u>attention at center</u>

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program:

Signature of health source: _____

Date: _____

Phone number: _____

Address: _____