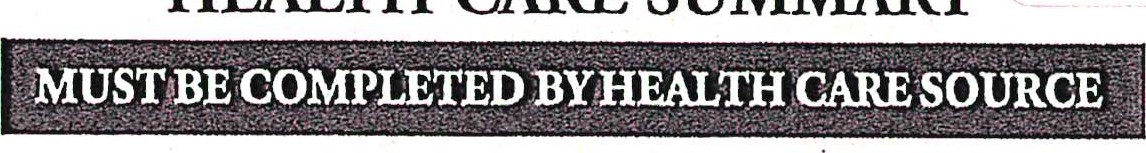
Return this form on or before Parent Orientation.

Fax #: (763)434-9232, mail or bring to preschool office.

HEALTH CARE SUMMARY 



Date of Enrollment: 

NAME OF CHILD Birth Date

ADDRESS Telephone 

PARENT(S) OR GUARDIAN

Date of last physical examination  How long have you been seeing this child? 

How frequently do you see this child when 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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Followed | Followed By Other | Requires Special |
| Important Health Problems | By You | Med Source (Name) | Attention at Center |

Other information helpful to the child care program

Phone

 Address

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | Date | |  |  |

