

HEALTH CARE SUMMARY
(to be completed by health care source)

NAME OF CHILD _____ Birth Date: _____

ADDRESS _____ Telephone _____

PARENT/S OR GUARDIAN _____

Date of last physical examination: _____

How long have you been seeing this child? _____

Does this child have any allergies (including allergies to meds)? _____

Is any condition present that may result in an emergency? _____

What is the status of the child's Vision _____

Hearing _____

Speech _____

Please list below the important health issues.

Indicate if you or someone else is following the child for the issues, and check which issues require special attention at the school.

<u>Important Health Issues</u>	<u>Followed by you</u>	<u>Followed by other Med Source (Name)</u>	<u>Requires Special Attention at School</u>
_____	_____	_____	_____

Other information helpful to the preschool _____

Source of Health Care

Associates or Clinic

Date _____

Address _____