

**HEALTH CARE SUMMARY
(MUST BE COMPLETED BY HEALTH CARE SOURCE)**

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 medication) _____

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 Med Source (Name)</u>	<u>Requires Special Attention at Care</u>

Other information helpful to the child care program _____

Signature Of Health Source _____

Date _____

Phone _____

Address _____
