

CELEBRATING CHILDREN PRESCHOOL HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE



Name of Child _____ Date of Birth _____

Parent or Legal 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 could result in an emergency? _____

What is the status of the child's Vision _____

Hearing _____

Speech _____

Please list below the important health problems:

Special <u>Important Health Problems</u>	<u>Followed</u> <u>by you</u>	<u>Followed by other</u> <u>Med Source (Name)</u>	<u>Requires</u> <u>Attention at Preschool</u>
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Other information helpful to the child care program _____

Signature of Health Source _____

Address _____

Phone _____

Date _____