

# SHEPHERD OF THE VALLEY PRESCHOOL

## Health Care Summary

Must be completed by Health Care source

Child's Name

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 they are 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 this child's vision

hearing

speech

Please list below the important health problems:

Special important  
health problems

Followed  
by you

Followed by other  
Med Source (Name)

Requires  
attention at preschool

Other information helpful to the preschool program

Signature of Health Care source

Address

Phone

Date

Once the form is filled out completely, 'File > Save As' to your computer and attach the form in an email to Preschool Director, Linda Nelson, at [linda.nelson@sotv.org](mailto:linda.nelson@sotv.org). Thanks!