



60 E. Marie Avenue
 Suite 100
 W. St. Paul, MN 55118
 651-457-0042
 Fax# 651-457-1633

HEALTH CARE SUMMARY
(to be completed and signed by physician)

Updated 06/11/2014

*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? _____

Developmental History _____

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

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.

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

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

Other information helpful to the group child care center _____

(Physician Signature)

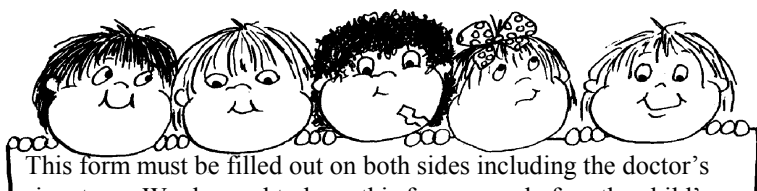
(Date)

(Source of Health Care)

Address _____

Please fax to 651-457-1633

(over)



This form must be filled out on both sides including the doctor's signature. We do need to have this form on or before the child's first day of attendance.