



**BUILDING FUTURE SUPER HEROES**

PRESCHOOL & CHILD CARE CENTER  
60 East Marie Avenue, Suite 100  
West Saint Paul, MN 55118  
Phone: 651-457-0042 Fax: 651-457-1633  
www.ttlc.org

**HEALTH CARE SUMMARY**

**(to be completed, signed by a physician, and faxed or returned within 30 days from start date)**

Date of Enrollment\_\_\_\_\_

CHILD'S NAME\_\_\_\_\_ BIRTH DATE\_\_\_\_\_

ADDRESS\_\_\_\_\_

PARENT(S) OR GUARDIAN\_\_\_\_\_

Date of last physical examination\_\_\_\_\_

How long have you been seeing this child?\_\_\_\_\_

Developmental History\_\_\_\_\_

Does this child have any other 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 any important health problems.

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

Other information helpful to the group child care center\_\_\_\_\_

**\*Signature of health source** \_\_\_\_\_ **Date** \_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_