



Health Care Summary

(to be completed by health care source)

Date of Enrollment _____

NAME OF CHILD _____ BIRTHDATE _____

ADDRESS _____ TELEPHONE _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

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

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.

Indicate if you or someone else is following the child for the problem, and check which problems require 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>
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_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to a group care center _____

_____	_____
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Signature of Health Care Provider

Associates or Clinic

Date _____ Address _____