

# Health Care Summary

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: \_\_\_\_\_ (Must be returned within 30 days of start date)

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you seen 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 might result in an emergency? \_\_\_\_\_

What is the status of the child's... Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

Important health problems	Followed by you	Followed by other Med Source (name)	Requires special Attention at Center

Other information helpful to the child care program \_\_\_\_\_

\_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Date** \_\_\_\_\_

Address \_\_\_\_\_

Return form to:  
Peace of Mind Early Education Center  
9025 Tamarack Road  
Woodbury, MN 55125  
651-731-9100 fax

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