

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 childcare program _____

Signature of Health Source _____ Phone (____) _____

Date _____

Address _____

Return form to:

Peace of Mind Early Education Center

9025 Tamarack Road

Woodbury, MN 55125

651-731-2608 phone

651-731-9100 fax