HEALTH CARE SUMMARY

(to be completed by health care source)

Date of Enrollment _____

Name of child _____ Date of birth _____

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 could result in an emergency? _____

_____

What is the status of the child's: Vision _____
Hearing _____
Speech _____

Please list below any important health problems.
Indicate if you or someone else is following the child for the problem and check which problems require special attention at school.

Important health problems	Followed by you	Followed by other med. source (name)	Requires special attention at school
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the school _____

_____

_____

_____

_____ _____

Source of health care Associates or clinic

_____ _____

Date Address