

Health Care Summary  
**(to be completed by health care source)**

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

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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

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

Does this child have any allergies (including allergies to meds)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that result in an emergency? \_\_\_\_\_

\_\_\_\_\_

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

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

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

Important Health Problem	Followed by You	Followed by other Med Source(name)	Requires Special Attention at Center
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

Source of Health Care

Associate or Clinic

Date \_\_\_\_\_ Address \_\_\_\_\_