



Happy Days Preschool

Ely, MN

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

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

How frequently do you see this child when he/she is not ill? _____

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

If yes, please attach an Individual Childcare Program Plan.

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 _____ Date _____

Address _____ Phone _____