

# HEALTH CARE SUMMARY

**MUST BE COMPLETED BY HEALTH CARE SOURCE**

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

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when the child is 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 Problem

Followed by you

Followed by another med source

Requires special  
Attention

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

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Signature of health source \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please fax completed form to Evergreen Montessori at 763-746-2276

or

Email to [Evergreen\\_montessori@outlook.com](mailto:Evergreen_montessori@outlook.com)