

Community of Saints Preschool
HEALTH CARE SUMMARY
MUST BE COMPLETE BY HEALTH CARE SOURCE



Date of Enrollment: _____

Name of Child: _____

Birth Date: _____

Address: _____

Telephone: _____

Parent(s)/Guardian(s): _____

Signature of Parent(s)/Guardian(s): _____

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 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 any important health concerns.

<u>Important Health Concerns</u>	<u>Followed by You</u>	<u>Followed by Other Med. Source</u>	<u>Requires Special Attention at School</u>
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Other information helpful to the program: _____

Signature of Health Source: _____ **Date:** _____

Address: _____ Phone: _____