

(Due 8/1)

HEALTH CARE SUMMARY

(To be completed by child's physician or 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 medications)? _____

Is a modified diet necessary? _____

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 problems. Indicate if you or someone else is following the child for the problem, and check which problems require special attention at school. (Ex: EpiPen, allergies, etc.)

IMPORTANT HEALTH PROBLEMS	FOLLOWED BY YOU/ OTHER	REQUIRES SPECIAL ATTENTION
SCHOOL		

Can this child participate fully in an active, outdoor program? _____

Any other information helpful to school personnel? _____

signature of parent _____ Date _____

signature of physician _____ associates or clinic _____

Date _____ Address _____