MSUM Early Education Center Health Care Summary

To be completed by the child's physician.

This form must be completed:

1. BEFORE the initial enrollment
2. When a child turns three; and
3. When s/he enters kindergarten.

Date of Enrollment: _____

NAME OF CHILD: _____ DATE OF BIRTH: _____

ADDRESS: _____

Street City State Zip

PARENT/S OR GUARDIAN: _____ PHONE: _____

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 allergies (including allergies to medication)?

_____

_____

Is a modified diet necessary? _____

Is any condition present that might result in a medical emergency? _____

_____

What is the status of the child's . . . Vision _____

Hearing _____

Speech _____

Please list the important health problems below:

Indicate if you or someone else is following the child for this condition, and check which problems require special attention at the center.

Important Health Problems	Followed by you	Followed by other med. Source (name)	Requires special attention at the center
-			

_____

_____

_____

Other information helpful to the center:

_____

_____

Physician's Signature _____ Date: _____

Clinic or Associates _____ Phone: _____

Address: _____

Street City State Zip

THIS FORM MUST BE SIGNED BY YOUR HEALTH CARE SOURCE AND ACCOMPANIED BY THE IMMUNIZATION FORM!!