

## Healthcare Summary for Child Care Attendance



Please have your child's primary care provider complete this form. We are required to keep a healthcare summary on file for each preschool student. The forms must be updated each year, or any time there is a change in your child's health. Some healthcare providers use their own form. This is fine as long as there is a signature, date, and it contains all relevant information.

Por favor, solicite al médico de cabecera de su hijo que complete este formulario. Debemos mantener un resumen médico de cada estudiante de preescolar en nuestros archivos. Los formularios deben actualizarse anualmente o cada vez que se produzca algún cambio en la salud de su hijo. Algunos profesionales de la salud utilizan su propio formulario. Esto es válido siempre que incluya la firma, la fecha y toda la información pertinente.

Date of enrollment: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent(s) or Guardian: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Is the child up to date on immunizations?  Yes  No

If no, plans for bringing the child up to date: \_\_\_\_\_

### **Please attach and sign a copy of the child's immunizations.**

Allergies: \_\_\_\_\_

Does the child have any important health concerns that you are following them for?

Does the child:

- Have any special needs that require accommodation at the provider's?
- Have any conditions that may result in an emergency?
- Have any activity restrictions?
- Require a modified diet?
- Require a different sleep position other than on their back?

What is the status of the child's Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Is there any other information that would be helpful in a group care setting?

Does the child have any important health concerns that are followed by another source of health care? (If so, please give name of provider and condition requiring attention).

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_