



Kids Country Childcare Center

23256 St. Francis Boulevard NW

St. Francis, MN 55070

(763) 753-5010 Fax (763)753-7485

Health Care Summary

Must be completed by health care source

Date of Enrollment: _____

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? _____

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

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed by Other Med Source (name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program _____

Address _____ Phone _____

Signature of Health Source _____ Date _____