

# PRESCHOOL HEALTH CARE SUMMARY

(to be completed by health care provider and submitted with registration materials)

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_

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*Section below to be filled out by health care provider.*

Does this child have any allergies (including allergies to medications)? Yes No

If yes, please list: \_\_\_\_\_

Is a modified diet necessary? Yes No

If yes, please explain: \_\_\_\_\_

Is any condition present that may result in an emergency? Yes No

If yes, please explain: \_\_\_\_\_

Date of physical exam: \_\_\_\_\_ Vision: R \_\_\_\_\_ L \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Speech: \_\_\_\_\_

Other information helpful to the teachers:

Health Care Provider: \_\_\_\_\_

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

Health Care Provider Signature: \_\_\_\_\_

Parents: *Please note that your health care provider must also complete the immunization form along with this summary.*