

HEALTH CARE SUMMARY

Date of Enrollment	<input type="checkbox"/> Please send Immunization Records		
Child's Name	Date of Birth		
Address	Phone		
Parents or Guardian			
Date of last physical exam:	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		
Health Problems	Followed by you	Followed by other medical source	Requires special attention

Other information helpful to the childcare program:

Signature of Health Source Date

Address Phone

Please return to Compass Child Care by fax at 763-201-5950