



HEALTH CARE SUMMARY FOR CHILD CARE ATTENDANCE

MUST BE COMPLETED BY HEALTH CARE SOURCE

Program Name Jack & Jill Early Childhood Learning Date of Enrollment _____
 Name of Child _____ Birth Date _____
 Address _____ City _____ State _____ Zip _____
 Parent(s)/Guardian(s) _____ 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 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program _____

Primary Care Physician's Name _____ Phone _____
 Clinic Name _____ Address _____
 City _____ State _____ Zip _____

X _____
 Signature of Health Care Provider Date

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

St. Anthony 2812 Anthony Ln. S, #400 St. Anthony, MN 55418 612.455.8955 (office) 763.757.2942 (fax)	Blaine 11870 Ulysses St. NE, #100 Blaine, MN 55434 763.784.1451 (office) 763.757.2942 (fax)
www.jackandjill.edu.com	info@jackandjill.edu.com