



GRACE NEIGHBORHOOD NURSERY SCHOOL

1430 West 28th Street, Minneapolis, MN 55408 612.872.8131 FAX 612.872.1651

HEALTH CARE SUMMARY

(Must be completed by health care source)

Date of enrollment _____

NAME OF CHILD: _____ Birthdate: _____

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

Important health problems	Followed by you	Followed by other Med source (Name)	Requires special attention at Center
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____