Woodbury Lutheran Preschool
7380 Afton Road Woodbury, MN 55125
(651) 739-5146

Health Care Summary
(to be completed by health care provider)

Date of Enrollment _____

Name of child _____ Birth date _____

Address _____ Phone _____

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 any important health problems. Indicate if you or someone else is following the child for the problem. Indicate if the problem requires special attention at the school.

Important Health Problems	Followed by you	Followed by other Med. source (name)	Requires special attention
_____	_____	_____	_____
_____	_____	_____	_____

Additional info. helpful to the child care program? _____

_____ _____
Signature of Physician or Health Source Stamp **Phone**

_____ _____
Date **Address**