

Holy Rosary Catholic School

1043 Lake Avenue, Detroit Lakes, MN 56501

Phone: 218-847-5306 Fax: 218-847-6367

HEALTH CARE SUMMARY FOR PRESCHOOL MUST BE COMPLETED BY HEALTH CARE SOURCE

Date Enrollment _____

NAME OF CHILD _____ BIRTH DATE _____

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 h/she is not ill? _____

Does this child have any allergies (including allergies to medication)? _____

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
_____	_____	_____
_____	_____	_____

Other information helpful to the child care program:

SIGNATURE OF HEALTH SOURCE

Name (printed) _____

Date _____

Phone _____

Address _____