



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTH CARE SUMMARY

(To be completed by Health Care Provider)

Child's Name: _____ Birthday: _____

Address: _____ Telephone: _____

Parent/Guardian/s: _____

Date of last physical examination: _____

Does this child have any allergies (including meds)? _____

Is any condition present that may result in an emergency? _____

What is the status of this child's:

Vision: _____

Hearing: _____

Speech: _____

Please list below the important health problems.

Indicate if you or someone else is following the child for any problem and check which problems require special attention at the center.

IMPORTANT HEALTH PROBLEMS:

	FOLLOWED BY YOU	FOLLOWED BY OTHER MED SOURCE (PROVIDE NAME)	REQUIRED SPECIAL ATTENTION AT CENTER
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Other information helpful to the group day care center: _____

Health Care Provider: _____

Date: _____ Address: _____

Provider Signature: _____ Date : _____