



Miniapple International Montessori

HEALTH CARE SUMMARY

(Must be completed by Health Care Provider)

NAME OF CHILD _____ Birth Date: _____

PARENT(S) OR GUARDIAN _____

DATE OR ENROLLMENT: _____

Date of last physical examination: _____

How long have you been seeing this child? _____

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:

Important Health Problems: _____ Followed By You: _____ Followed by Other (name): _____ Requires Special Attention: _____

Other information helpful to the child care program: _____

Signature of Health

Source _____ Date: _____ Address: _____

Phone: _____

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