



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 : \_\_\_\_\_