

Watertown-Mayer Kids' Company

HEALTH CARE SUMMARY

(Must be completed by a health care source)



Date of Enrollment: _____

Name of Child: _____ Birth Date: _____

Address: _____ Telephone: _____

Parent(s)/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.

Important Health Problem	Followed by You	Followed by Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program: _____

Signature of Health Source: _____ Date: _____

Phone: _____ Address: _____