



HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Immanuel Lutheran School

4656 State Hwy. 200 NW, Walker, MN 56484 • immanuellutheranwalker.com • info@immanuellutheranwalker.com

Date of enrollment _____

Name of child _____ Birth Date _____

Home address _____ Telephone _____

Parent(s) or guardians _____

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 this child's... Vision _____

Hearing _____

Speech _____

Please list below any important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>

Other information helpful to the child care program _____

Signature of Health Care Source _____ Phone _____

Date _____ Address _____
