



## Preschool Health Care Form

Must be completed by the child's health care provider

### Student Information

\_\_\_\_\_ date of enrollment

\_\_\_\_\_ first name

\_\_\_\_\_ middle name

\_\_\_\_\_ last name

\_\_\_\_\_ street

\_\_\_\_\_ city

\_\_\_\_\_ state

\_\_\_\_\_ zip

\_\_\_\_\_ telephone

\_\_\_\_\_ birth date

\_\_\_\_\_ parents(s) or guardian

1. **Date of last physical exam?** \_\_\_\_\_

2. **How long have you been providing care for this child?** \_\_\_\_\_

3. **How frequently so you see this child when he/she is not ill?** \_\_\_\_\_

4. **Does this child have any allergies (including allergies to medications)?** \_\_\_\_\_

5. **Is a modified diet necessary for this child?** \_\_\_\_\_

6. **Is any condition present that might result in an emergency?** \_\_\_\_\_

7. **What is the status of the child's:**

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_

8. **Please list below any important health concerns:**

Important Health Concern	Followed by You?	Followed by Other Med Source (Name)?	Requires Special Attention at School?
_____	_____	_____	_____
_____	_____	_____	_____

9. **Other information helpful to our childcare program:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ signature of health care provider

\_\_\_\_\_ date

\_\_\_\_\_ address

\_\_\_\_\_ phone