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## PreK 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**

\_\_\_\_\_ **phone** \_\_\_\_\_ **birth date**

\_\_\_\_\_ **parent(s) or guardian(s)**

\_\_\_\_\_ **email address**

*Must be filled out by medical provider.*

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

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

**3. How frequently do 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**

\_\_\_\_\_ **phone**