

Pre K & K only

HEALTH CARE SUMMARY

(to be completed by health care provider and submitted with kindergarten registration materials)

Child's Name: _____ Birthdate: _____

Parents or guardian: _____

Does this child have any allergies (including allergies to medications)? Yes No

If yes, please list: _____

Is a modified diet necessary? Yes No

If yes, please explain: _____

Is any condition present that may result in an emergency? Yes No

If yes, please explain: _____

Date of physical exam: _____

Vision: R _____ L _____

Height: _____ Weight: _____

Hearing: R _____ L _____

Speech: _____

Please list below any important health concerns:

Important health concerns	Followed by whom (name)	Requires attention at school?
_____	_____	_____
_____	_____	_____

Other information helpful to the teachers: _____

Health Care Provider: _____

Address _____ Phone: _____

Health Care Provider Signature _____