

# 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: \_\_\_\_\_