

Congdon Creek Preschool
2310 E 4th Street
Duluth, MN 55812
Fax #: 724-0848

Health Care Summary
(to be completed by health care source)

Name of Child _____ Birth Date _____

Address _____ Phone Number _____

Parent/s or Guardian _____

Date of last physical examination _____

How long have you been seeing this child? _____

Does this child have any allergies? _____

Is a modified diet necessary? _____

Is any condition present that could result in an emergency? _____

What is the status of the child's:

Vision _____

Hearing _____

Speech _____

Please list below the important health problems. Indicate if you or someone else is following the child for the problem, and check which problems require special attention at the center.

Important Health Problem	Followed by you	Followed by other med source	Requires Special Attention at Center
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_____	_____	_____	_____
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_____	_____	_____	_____
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Other helpful information _____

Source of health care _____ Associate or Clinic _____

Date: _____ Address: _____