



A  
celebration  
of children

Child Development & Learning Center  
13801 Fairview Drive \* Burnsville, MN 55337  
Office - 952-435-8105 \* Fax - 952-898-9379  
Website - www.cdlcpreschool.org

**HEALTH CARE SUMMARY**  
(TO BE COMPLETED BY HEALTH CARE SOURCE)

Date of Enrollment \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_ Telephone \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

How long have you been seeing this child? \_\_\_\_\_

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

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that results 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.

<u>Important Health Problems</u>	<u>Followed by you</u>	<u>Followed by other Med. Source (Name)</u>	<u>Requires Special Attention at Center</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the center \_\_\_\_\_

Source of Health Care \_\_\_\_\_

Associates or Clinic \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_