



# Health Care Summary For Child Care Attendance

Form H-300

Program Name:

Enrollment date:

Child's Name:

Date of Birth:

Address:

Phone #:

Parent/ Guardian:

### ***To be completed by health care provider***

Date of last physical exam:

Is the child up to date on immunizations? YES  NO

If no, plans for bringing the child up to date:

Copy of immunizations attached and signed by the health care provider? YES  NO

Allergies:

Does the child have any important health concerns that you are following them for?

Does the child:

- have any special needs that require accommodation by the provider?
- have any conditions that may result in an emergency?
- have any activity restrictions?
- Is a modified diet necessary?

Does the child require a different sleep position other than on their back?

What is the status of the child's Vision:                      Hearing:                      Speech:

Is there any other information that would be helpful in a group care setting?

Does the child have any important health concerns that are followed by another source of health care?  
(if so, please give name of provider and condition requiring attention)

Primary health care provider name:

Clinic name/phone number:

Provider Signature/date: