



PLAYSCHOOL CHILD CARE INC.

Medical Record & Health Care Summary

Part 2

**** This form is to be completed by health care source ****

Upon admission to Playschool Child Care, Inc. a medical record is required for each child. This form must be submitted to the Director before the child's first day of attendance. It must include a current physical examination, up to date record of immunizations, and it must be signed by each child's source of medical care. A record of a physical examination is again required whenever the child advances to an older age group.

Name of child: _____ Date of Birth: _____

Date of last physical examination: _____

How long have you been seeing this child? _____

How frequently do you see this child if he/she is not ill? _____

Does this child have any allergies? *(Please include medication)* _____

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 problem. Indicate if you or someone else is following the child for the problem and indicate which problems require special attention at Playschool ****

Important Health problem

Followed by

Requires special attention

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other helpful information for Playschool Child Care, Inc.

Physician Signature: _____ Date: _____

Clinic address : _____

1709 McKnight Road N. • Maplewood, MN 55109

Phone: 651.779.7926 • Fax: 651.779.0487

www.playschoolchildcare.com • info@playschoolchildcare.com