Westonka Community Preschool
HEALTH CARE SUMMARY

(to be completed by health care source)

Child's Name_____Birthdate_____

Parents or guardian_____

Date of last physical examination_____

How long have you been seeing this child?_____

Does this child have any allergies (including allergies to medications)? Yes No

If yes, please list_____

Is a modified diet necessary? Yes No Explain _____

Is any condition present that may result in an emergency? Yes No

explain_____

What is the status of the child's..... vision_____

hearing_____

speech_____

Please list below any important health concerns: (indicate who is following the child for the problem, and check which problems require special attention at preschool).

Important health concerns	Followed by whom (name)	Requires attention at preschool?
_____	_____	_____
_____	_____	_____

Other information helpful to the preschool teachers:_____
_____

Source of health care_____

Address_____

Associates or clinic signature_____Date_____

RETURN TO: **Westonka Public Schools/Early Childhood**
5241 Shoreline Dr., Mound, MN 55364

OR
FAX: (952) 472-0196