



### KidsPark Health Care Summary Form 2018-2019

*(This form is required for EACH CHILD you are registering to use KidsPark)*

The Health Care Summary form must be completed, signed and dated by your Health Care Provider. Please allow up to 10 business days for the forms to be returned from your provider. These forms can be faxed to KidsPark directly by the health care provider. The fax number is 651-642-0724. If your child is returning from last year a new form is required. Health care provider generated forms containing the same information are acceptable.

#### HEALTH CARE SUMMARY

*(Must be completed by health care source)*

NAME OF CHILD: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT(S) OR GUARDIAN: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies to medications? \_\_\_\_\_

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 problems:

Condition:	Followed by you:	Followed by Other Health Care Provider	Requires special attention at center:
_____	_____	_____	_____
_____	_____	_____	_____

Other information that would be helpful to the child care program, including instructions for required medications: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_