

  
**HAMPTON ACADEMY**  
**Healthcare Summary**

**\*MUST BE COMPLETED BY HEALTHCARE SOURCE**

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

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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 or she is not ill: \_\_\_\_\_

Does this child have any allergies (including 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 the important health problems followed by other special requirements:

Important health problems symptoms	Attention Required
_____	_____
_____	_____
_____	_____

Other information helpful to the childcare program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Source: \_\_\_\_\_ Phone: \_\_\_\_\_

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