HAMPTON ACADEMY

Health Care Summary

***MUST BE COMPLETED BY HEALTH CARE 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 child care program:

_____

_____

_____

Signature of Health Care Source:_____Phone:_____

Address: _____