

ANNA'S BANANAS
DAYCARE & PRESCHOOL



HEALTH CARE SUMMARY
MUST BE COMPLETED BY A PHYSICIAN

NAME OF CHILD: _____

DATE OF BIRTH: _____ DATE OF ENROLLMENT: _____

PARENT(S) OR GUARDIAN: _____

ADDRESS: _____

TELEPHONE: _____

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?

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:

IMPORTANT HEALTH PROBLEMS	FOLLOWED BY YOU	FOLLOWED BY OTHER MED SOURCE(NAME)	REQUIRES SPECIAL ATTENTION AT CENTER

OTHER INFORMATION HELPFUL TO THE CHILD CARE PROGRAM:

SIGNATURE OF HEALTH SOURCE: _____ DATE: _____

ADDRESS: _____ PHONE: _____

PROVIDERS: PLEASE FAX COMPLETED FORM TO:
(PARENTS/MANAGERS – PLEASE CHECK DESIRED LOCATION)

APPLE VALLEY: 952-236-9717

FARMINTON: 651-460-3731

BURNSVILLE: 952-736-2489

NORTHFIELD: 507-645-2548

LAKEVILLE: 952-683-9201