

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 NAME(S): _____

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 ANY CONDITION PRESENT THAT MAY RESULT IN AN EMERGENCY? _____

WHAT IS THE STATUS OF THE CHILDS?

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 E-MAIL COMPLETED FORM TO:

RECORDS@ANNASBANANAS.COM OR FAX TO (952)236-0597

CHILD WILL ATTEND THE FOLLOWING LOCATION:

- | | |
|--|--|
| <input type="checkbox"/> APPLE VALLEY
<input type="checkbox"/> BABY BANANAS/BURNSVILLE
<input type="checkbox"/> FARMINGTON | <input type="checkbox"/> LAKEVILLE EAST (ACROSS FROM PAHLS MARKET)
<input type="checkbox"/> LAKEVILLE WEST (NEXT TO SWIM SCHOOL)
<input type="checkbox"/> NORTHFIELD |
|--|--|