



Health Care Summary

MUST BE COMPLETED BY HEALTH CARE SOURCE (MD, PA, NP

or DO)

A Health Care Summary is required by October 1st after initial enrollment. For mid-school year enrollments and program advancements, it is required 30 days after a student begins their program. Please document date of scheduled appointment if you are unable to submit a completed form at the time of enrollment: ___/___/___

CHILD'S FULL NAME _____ Male Female Birth Date ___/___/___ Age (as of 9/1) _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

CHILD'S PRIMARY CARE PROVIDER & CLINIC _____ Telephone _____

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

What is the status of this child's: Vision _____

Hearing _____

Speech _____

Does this child have any allergies (including allergies to medicine)? YES NO If yes, please list: _____

Is a modified diet necessary? YES NO If yes, please describe: _____

Does this child have any emotional/behavioral concerns? YES NO If yes, please describe: _____

Is any condition present that might result in an emergency? YES NO If yes, please describe: _____

Is this child taking any medications? YES NO If yes, please list: _____

Please list below any important health concerns:

Health Concern	Followed by you?	Followed by other health source? If yes, please name.	May this concern require special attention at school? If yes, please describe.

Additional helpful information for school staff: _____

SIGNATURE OF HEALTH CARE SOURCE: _____ Date: ___/___/___

PRINTED NAME OF HEALTH CARE SOURCE: _____ Clinic Name: _____

ADDRESS _____ Telephone _____