

**Triumph Lutheran Brethren's
Little Lights Preschool
Health Care Summary
Must Be Returned by October 1**

Must Be Completed by Health Care Source

Date of Enrollment _____

Name of Child _____ Birth Date _____

Address _____ Telephone _____

City, State & Zip _____

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/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:

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 Number _____

(Please complete the back.)

Health History of Child

(To be filled out by Parent or Guardian before child is examined.)

Please indicate "yes" if your child has any of the following:

Frequent colds, sore throats _____

Headaches _____

Frequent earaches and infections _____

Seizures _____

Speech difficulties _____

Hay Fever _____

Poor sleeping habits _____

Asthma _____

Poor eating habits _____

Eczema _____

Any unusual problems: _____

Any allergies (including food): _____

PERMISSION TO ACT IN A MEDICAL EMERGENCY

In the event that it is not possible to consult with me, the Little Lights Preschool personnel have my permission to make decisions and take action regarding any emergency medical attention which may be needed for my child.

Parent's Signature _____

Date _____