

**NOAH'S ARK PRESCHOOL**  
9185 North Lexington, Circle Pines, MN 55014  
763-784-5928

**HEALTH CARE SUMMARY**

*This Health Care Summary MUST be completed and stamped by your Doctor/Clinic*

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parents/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 is not ill? \_\_\_\_\_

Has this child been to the dentist in the last 6 months? Yes ( ) No ( )

If not, when is a dental visit expected to take place? \_\_\_\_\_

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 \_\_\_\_\_

List below any important health problems. Indicate if you or someone else is following the child for the problem, and check which problems require special attention at the preschool:

<u>IMPORTANT HEALTH PROBLEMS</u>	<u>FOLLOWED BY YOU</u>	<u>FOLLOWED BY OTHER MEDICAL SOURCE (name)</u>	<u>REQUIRES SPECIAL ATTENTION AT SCHOOL</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the preschool: \_\_\_\_\_

\_\_\_\_\_

Complete the Child Care Immunization Record. Minnesota Statutes Section 123.70 (the Minnesota School Immunization Law, requires that all children who are enrolled in a Minnesota day care facility be immunized against diphtheria, tetanus, pertusis, polio, measles, rubella and mumps, and haemophilus influenza type b. This form will be available for review by the Minnesota Departments of Health and Human Services.

*This side of the Health Care Summary MUST be completed and stamped by your Doctor/Clinic. The record of immunization form must be stamped and signed by the child's clinic if the child's immunizations are not up to date. If they are up to date a parent may sign the reverse side of the form. Call the preschool office if you have any questions.*

**Physician or Clinic - Please stamp and date this box**

  
  
  
  
  
  
  
  
  
  

Date \_\_\_/\_\_\_/\_\_\_