

Health Care Summary

Trinity Nursery School
609 S. Lincoln Ave., Owatonna, MN 55060

Please have this form completed and signed by your health care provider. Attach a print out of your child's current immunization record. Return both forms to your teacher at the home visit prior to the first day of school.

	Enrollment Date _____
NAME OF CHILD _____	Birth Date _____
Address _____	Telephone _____
Parents/Guardians _____	

NOTE: Licensing law requires that your child has had a physical since his/her 3rd birthday.

Date of this child's last physical examination _____

How long have you been seeing this child? _____

Does this child have any allergies (including allergies to medication?) _____

Is a modified diet necessary? _____

Is any condition present that may result in an emergency? _____

What is the status of the child's

Vision _____
Hearing _____
Speech _____

Please list below any important health problems. Indicate if you or someone else is following the child for the problem, and check which problems may require special attention at Trinity Nursery School.			
Important Health Problems	Followed by you	Followed by another Medical Source (name)	Requires Special Attention at TNS
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to Trinity Nursery School _____

Signature of Health Care Provider _____

Associates or Clinic _____

Address _____ Date _____