

Compass Child Care
Health Care Summary

Date of Enrollment:

Please send Immunization Records

Child's Name:

Date of Birth:

Address:

Phone:

Parent(s) or Guardian:

Date of last physical exam:

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:

List Health Problems:	Followed by you:	Followed by other medical source:	Requires Special Attention:

Other information helpful to the child care program:

Signature of Health Source:

Date:

Address:

Phone: