

**SAINT AMBROSE OF WOODBURY
EARLY CHILDHOOD EDUCATION CENTER**

**Saint Ambrose Catholic Church
4125 Woodbury Rd., Woodbury, MN 55129
(651) 768-3031 – (fax #: 651-768-3090)**

HEALTH CARE SUMMARY

(To be completed by health care source)

DATE OF ENROLLMENT _____

Name of Child _____ Birthdate _____

Address _____ Phone #: _____

Parent(s)/Guardian(s) _____

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 (include any 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. Indicate if you or someone else is following the child for the problem, and check which problems require special attention from the ECEC and staff.

<u>Important Health Problems</u>	<u>Followed by You</u>	<u>Followed by Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the ECEC and staff _____

Doctor's Signature _____ **Associates or Clinic** _____

Date _____ **Address** _____

Release of Authorization for Medical Information (HIPPA), including immunizations, health records, etc.:

Parent/Guardian Signature: _____ **Date:** _____