

Endless Journey
Child Care
7411 Airport View
Drive SW
Rochester, MN 55902
(507) 281-2142 Phone
(507) 281-6603 Fax

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD: _____

Birth Date: _____

ADDRESS: _____

Telephone: _____

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 Source: _____

Phone: _____

Date: _____

Address: _____