Health Care Summary For Child Care Attendance

Form H-300

To be completed by health care provider

Program Name: Bethlehem Child Care Center

Child's Name: **Child's Date of Birth:**

Parent/Guardian:

Date of last physical exam:

Is the child up to date on immunizations? YES ◯ NO ◯

If no, plans for bringing the child up to date:

Allergies:

Does the child have any important health concerns that you are following them for?

Does the child:

- **have any special needs that require accommodation by the provider?**
- **have any conditions that may result in an emergency?**
- **Is a modified diet necessary?**
- **have any activity restrictions?**

What is the status of the child's Vision: **Hearing:** **Speech:**

Is there any other information that would be helpful in a group care setting?

Does the child have any important health concerns that are followed by another source of health care? (if so, please give name of provider and condition requiring attention)

Primary health care provider name:
Clinic name/phone number:

Provider Signature/date: