

**Shakopee Area Catholic School**  
**Health Care Summary for**  
**Pre-Kindergarten**

**This summary needs to be completed by health care source. (Dr. or Clinic)**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

How long have you been seeing this child \_\_\_\_\_

Does this child have any allergies (include all to medications and food)  
\_\_\_\_\_  
\_\_\_\_\_

Is a modified diet necessary     No     Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Is any condition present that could result in an emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the status of this child's:  
Vision \_\_\_\_\_  
Hearing \_\_\_\_\_  
Speech \_\_\_\_\_

Please list health problems. Indicate if you or another physician is following the child for the problem. Also, please indicate if this problem requires special attention at Pre-Kindergarten.

<u>Health Problem</u>	<u>Physician treating condition</u>	<u>Does this condition require special attention at SACS Pre-Kindergarten? If yes, explain</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other information helpful to SACS Pre-Kindergarten staff \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Care Source**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Fax # 952-445-7256 Please fax forms back to Shakopee Area Catholic School  
Attention Janell before July 1<sup>st</sup>, 2011.