

Health Care Summary

MUST BE COMPLETED BY HEALTH CARE SOURCE (MD, PA, NP or DO)

A Health Care Summary is required by October 1st after initial enrollment in licensed & private academy programs. For mid-school year enrollments and program advancements, it is required 30 days after a student begins their program.

CHILD'S FULL NAME Male Female Birth Date Age (as of 9/1)

ADDRESS Telephone

PARENT(S) OR GUARDIAN

CHILD'S PRIMARY CARE PROVIDER & CLINIC Telephone

Date of last physical examination: _____ How long have you been seeing this child? _____

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

Does this child have any allergies (including allergies to medicine)? YES NO If yes, please list: _____

Is a modified diet necessary? YES NO If yes, please describe: _____

Does this child have any emotional/behavioral concerns? YES NO If yes, please describe: _____

Is any condition present that might result in an emergency? YES NO If yes, please describe: _____

Is this child taking any medications? YES NO If yes, please list: _____

Please list below any important health concerns:

Health Concern	Followed by you?	Followed by other health sources? If yes, please name:	May this concern require special attention at school? If yes, please describe:

Additional helpful information for school staff: _____

SIGNATURE OF HEALTH CARE SOURCE: _____ Date: _____

PRINTED NAME OF HEALTH CARE SOURCE: _____ Clinic Name: _____

ADDRESS: _____ Telephone: _____