



MOUNT OLIVET PRESCHOOL

Growing a love for learning for more than 40 years

5025 Knox Avenue S.
Minneapolis, MN 55419-1095
Phone: 612.767.2216
Fax: 612.926.4340
www.mtolivet.org

HEALTH CARE SUMMARY to be completed by health care source

Date of preschool enrollment ___ / ___ / ___

Name of child _____ Date of birth ___ / ___ / ___

Address _____ City _____ ZIP _____

Telephone _____

Parent(s) or Guardian(s) _____

Date of last physical exam ___ / ___ / ___ 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 medication)? _____

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 any important health problems:

Important health problems	Followed by you	Followed by other medical source (name)	Requires special attention
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program _____

Signature of health care source _____

Address/City/ZIP _____

Phone _____

Date ___ / ___ / ___