Minnesota JCC
Sabes Center Minneapolis

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early childhood center

2022-2023 Program Year

health care summary (page 1 of 2)

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

Parent/Guardian: _____ **Phone #:** _____

Address: _____

Program: ☐ Infant ☐ Toddler ☐ Preschool ☐ Pre-K

Date of last physical exam: _____ Is child up-to-date on immunizations? ☐ Yes ☐ No

If no, plan for bringing child up-to-date: _____

Copy of immunizations attached and signed by health care provider? ☐ Yes ☐ No

Allergies: _____

Does the child have any important health concerns that you are following? ☐ Yes ☐ No

_____

Does the child have any important health concerns that are followed by *another* source of health care? ☐ Yes ☐ No

If yes, please give name of provider and condition requiring attention: _____

_____

Does the child have any special needs that require accommodation by the ECC? ☐ Yes ☐ No

If yes, please describe: _____

Does the child have any conditions that may result in an emergency? ☐ Yes ☐ No

If yes, please describe: _____

Does the child have any activity restrictions? ☐ Yes ☐ No _____

Is a modified diet necessary? ☐ Yes ☐ No _____

Does the child require a different sleep position other than his/her back? ☐ Yes ☐ No

please complete other side

health care summary (page 2 of 2)

Does the child require a different sleep position other than his/her back? ☐ Yes ☐ No

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?_____

_____

Primary Health Care Provider's name: _____

Clinic Name:_____ Phone:_____

Address:_____

Signature of Health Care Provider: _____ **Date:** _____