

## CURRENT HEALTH SUMMARY

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

The following is generalized medical information.

This child takes routine **medications** at home/school: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list below.

This child needs a **specialized health care procedure** or other care throughout the day:

(Examples blood sugar testing, catheterization) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list below.

Other current **health concerns during child's daily routine:**

(Examples eyeglasses, hearing aids)

Please list:

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For further information please contact:

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Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email