

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:

For further information please contact:

Name

Phone

Email