



I.S.D. 2071 E.C.F.E/S.R & Little Knights Preschool

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Health Care Summary

(to be completed by health care source)

Date of Enrollment: _____

Name of Child: _____ DOB: _____

Mailing Address: _____

Parent or Guardian: _____

Date of last physical examination: _____

How long have you been seeing this child? _____

Does this child have any allergies, including meds? _____

Is a modified diet necessary? _____

What is the status of the child's... Vision: _____

Hearing: _____

Speech: _____

Please list below any health concerns. Indicate if you or someone else is following the child for the problem and check which issues may require special attention from our program.

Health Issues

Healthcare Provider that follows

Requires Preschool Attention

Additional Comments:

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Health Care Provider

Clinic Name

Date

Address