

# STUDENT HEALTH CARE SUMMARY FORM

(Must be completed by child's health care provider)

School year: 2019-2020

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

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 medications)? \_\_\_\_\_

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 the important health problems:

Health Problem	Followed by you?	Followed by Other Medical Professional? (please list name)	Requires Special Attention at School?

Please provide any other information that would be helpful to the school program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Name \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

Clinic Address \_\_\_\_\_

Date completed: \_\_\_\_\_

**Please complete form and return to the Newman School of the Talmud Torah of St. Paul, 768 Hamline Avenue S, St. Paul, MN 55116-2224 or fax to 651-698-8912.**