

STUDENT HEALTH CARE SUMMARY FORM

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

School year: 2022-2023

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.**