Gethsemane
EARLY LEARNING CENTER

Health Form

2020-2021

Child's Name:_____ **Date of Enrollment:**_____

Address:_____ Date of Birth:_____ Gender: M F

City: _____Zip:_____ Home phone #:_____

Parent/Guardian Name: _____

Date of last physical exam: _____ How long have you been seeing this child?_____

(To be completed by Health Care Source)

Problems of which you should be aware:_____

_____

Hearing: _____

Allergies:_____

Medication:_____

Vision: _____Insect stings:_____

Developmental: _____Food:_____

Language/Speech: _____Asthma:_____

Dental:_____

Other (Include behavioral concerns):_____

_____

Comments/Explanations:

_____

_____

_____

_____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

_____

_____

_____

I have _____have not _____reviewed the above information with the parent/guardian.

Physician:_____

Address:_____

Telephone: _____

Signature: _____Date This Form Completed: _____

Gethsemane Early Learning Center, 2410 Stillwater Road, Maplewood MN 55119
Phone: 651-739-7540, Fax: 651-578-0610; Email: info@geth.org