



KINDERGARTEN REGISTRATION HEALTH CARE SUMMARY

This form must be completed and signed by a medical provider and submitted BEFORE the start of Kindergarten.

Child's Name _____ Birthdate: _____

Parent/Guardian Name: _____

Does this child have any allergies that require the use of an epi-pen? Yes _____ No _____

If yes, please list: _____

Does this child have any other allergies or conditions that we should be aware of? Yes _____ No _____

If yes, please explain: _____

Does this child have food allergies that require a modified diet? Yes _____ No _____

If yes, please explain: _____

Does this child have asthma? Yes _____ No _____ If yes, will they require an inhaler at school? Yes _____ No _____

Is there any condition present that may result in an emergency? Yes _____ No _____

If yes, please explain: _____

Date of last physical exam: _____ Any eye, ear or speech concerns? Yes _____ No _____

If yes, please explain: _____

Please list any important health concerns that require attention at school: _____

Other helpful information for the teacher: _____

Health Care Provider: _____ Clinic: _____

MIIC participant: Yes _____ No _____ (If YES, no immunization records required)

Health Care Provider Signature _____ Date _____

Parents: Please note that your health care provider must provide a copy of immunization records along with this form OR indicate that they are a MIIC participant. All health and immunization information or a notarized exemption must be completed and on file in the health office prior to the first day of Kindergarten.