



Minnesota JCC
Sabes Center Minneapolis

4330 S. Cedar Lake Road
Minneapolis, MN 55416
952.381.3400
minnesotajcc.org

early
childhood
center

2023-2024 Program Year

health care summary (page 1 of 2)

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone #: _____

Address: _____

Program: Infant Toddler Preschool Pre-K

Date of last physical exam: _____ Is child up-to-date on immunizations? Yes No

If no, plan for bringing child up-to-date: _____

Copy of immunizations attached and signed by health care provider? Yes No

Allergies: _____

Does the child have any important health concerns that you are following? Yes No

Does the child have any important health concerns that are followed by *another* source of health care? Yes No

If yes, please give name of provider and condition requiring attention: _____

Does the child have any special needs that require accommodation by the ECC? Yes No

If yes, please describe: _____

Does the child have any conditions that may result in an emergency? Yes No

If yes, please describe: _____

Does the child have any activity restrictions? Yes No _____

Is a modified diet necessary? Yes No _____

Does the child require a different sleep position other than his/her back? Yes No

please complete other side

health care summary (page 2 of 2)

Does the child require a different sleep position other than his/her back? Yes No

What is the status of the child's vision: _____ hearing: _____ speech: _____

Is there any other information that would be helpful in a group care setting? _____

Primary Health Care Provider's name: _____

Clinic Name: _____ Phone: _____

Address: _____

Signature of Health Care Provider: _____ **Date:** _____