



Minnesota JCC  
Sabes Center Minneapolis

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[minnesotajcc.org](http://minnesotajcc.org)

early  
childhood  
center

2025-2026 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:** \_\_\_\_\_