



LANE CHILD AND
FAMILY CENTER

HEALTH CARE SCREENING

Child's Name: _____ Birthdate: _____

Physician's Name: _____

My authorization hereby allows for mutual exchange of information concerning my child's preventive care and primary health care, including immunizations.

Parent Name: _____

Parent Signature: _____ Date: _____

↓ **MEDICAL PERSONNEL ONLY** ↓

Date of last Health Care Screening: _____

1. Are there any conditions that need accommodations in the classroom, or require follow-up treatment? (Asthma, allergies, speech delays, birth defects, illnesses, etc)
 No **Yes, please explain under Health Problems**

2. Are there any medications that should be dispensed in the classroom?
 No **Yes, please list under Health Problems**

3. Is he/she up to date on scheduled immunizations?
 No **Yes**

4. Is he/she up to date on Health Care Screening?
 No **Yes**

Please include any health care issues followed by parents, doctor, or other medical source that requires special attention with Lane Child and Family Center: _____

Other information helpful to Lane Child and Family Center:

Physician's Signature: _____ Date: _____

PLEASE FAX THIS FORM TO LANE CHILD AND FAMILY CENTER @ 541-463-4740