

**Tiny Tigers--ISD #14 Preschool/Child Care
Fridley Community Center
HEALTH CARE SUMMARY & IMMUNIZATION RECORDS**

**Health Care Summary and Current Immunization Records
must be on file BEFORE child can attend *Tiny Tigers***

Must be completed by Health Care Provider & Returned or Faxed to:
**Kristi Sabby @ Tiger Club
Fax: 763-502-5140**

Parent/Guardian Authorization: I hereby authorize _____ to release health and immunization records for my child to Fridley Tiger Club ISD#14. (Healthcare Provider)

Signature of Parent/Guardian

Date

Date of Enrollment _____ Date of Birth (MM/DD/YY) _____

Child's Name _____ Phone # _____

Address _____
Street City Zip

Name of Parent(s) or Guardian(s) _____

Date of Last Physical Examination: _____

How long have you been seeing this Child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's:
Vision _____
Hearing _____
Speech _____

Please list below the important health problems:

Important Health Problems

Followed By You

Followed By Other Med Source (Name)

Requires Special Attention at Center

Other information helpful to the child care program: _____

Additionally: Please Attach a copy of child's up to date Immunization Records with this form.

Signature of Health Care Provider

Date

Provider's Address

Provider's Phone #