



Westonka Community Preschool

HEALTH CARE SUMMARY

2025-26 School Year

(To be completed by a healthcare provider.)

Child's Name_____ Birthdate_____

Parents or guardian Name(s)_____

Date of last physical examination_____

How long have you been seeing this child?_____

Does this child have any allergies (including allergies to medications)? Yes No

If yes, please list_____

Is a modified diet necessary? Yes No Explain _____

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

explain_____

What is the status of the child's..... vision_____

hearing_____

speech_____

Please list below any important health concerns: (Please indicate who is following the child for the problem, and check which problems require special attention at preschool).

Important health concerns	Followed by whom (name)	Requires attention at preschool?
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_____	_____	_____
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_____	_____	_____
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Other information helpful to the preschool teachers:_____

Healthcare Provider _____

Address_____

Associates or clinic signature_____ Date_____

RETURN TO:

Westonka Early Learning

5702 Game Farm Road, Minnetrista, MN 55364

FAX: (952)-491-8575

Email address: earlylearning@westonka.k12.mn.us