



VICTORY CHRISTIAN ACADEMY

206 East 39th Street, Hibbing MN 55746 ♦ Phone 218.262.6550 ♦ Fax 888.416.1424 ♦ vcahibbing.com

PRESCHOOL HEALTH CARE SUMMARY

School year _____ Birth Date _____

Name of Child _____

Address _____

Telephone _____

Address of Parent/Guardian _____

Date of last physical examination _____

How long have you been seen this child? _____

Does this child have any allergies to medications, foods, or animals? _____

Is a modified diet necessary? _____

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

What is the status of the child's vision? _____

What is the status of the child's hearing? _____

What is the status of the child's speech? _____

List any important health problems and indicate which problems require special attention at school. If you are not following these problems, please list the name of physician who is following them.

Other information helpful to the school _____

Physician's name _____

Clinic name and address _____

Physician's Signature _____