Parent/Provider fill in this part.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

CHILD'S NAME: (LAST)		(FIRST)		PAREN	T/GUARDIAN:			
DATE OF BIRTH:		HOME PHON	NE:	ADDRE	SS:			***************************************
CHILD CARE FACILITY NAME:				_				
FACILITY PHONE:	COUNTY:		WORK	WORK PHONE:				
☐ I authorize the child care staff and	my child's health p	professional to	communicate	e directly if n	eeded to clar	fy information on this for	m about my child.	
PARENT'S SIGNATURE:								
		DO	NOT OMIT	ANY INE	OPMATION			
		h profession	al. Initial an	d date any	new data. Ti	ne child care facility ne		
HEALTH HISTORY AND MEDICAL IN NONE	IFORMATION PER	RTINENT TO	ROUTINE CH	HILD CARE	AND DIAGN	OSIS/TREATMENT IN E	MERGENCY (DESCR)	BE, IF ANY):
DESCRIBE ALL MEDICATION AND A CHILD RECEIVES SHOULD BE DOCU								
CHILD'S ALLERGIES (DESCRIBE, II	F ANY):			News and the second second	and the same of th			
LIST ANY HEALTH PROBLEMS OR S	SPECIAL MEETS	4NIT BEITS	MENDED T	SEATMENT!	CEBNICEC	TTBOH MOOTTTOWN	SHEETIS IE MENENN	ለውሃ ጠገ
DESCRIBE THE PLAN FOR CARE THE EQUIPMENT AND PROVISION FOR NONE	IAT SHOULD BE	FOLLOWED	FOR THE C	HILD, INCL	UDING IND	CATION OF SPECIAL	FRAINING REQUIRE	D FOR STAFF
IN YOUR ASSESSMENT, IS THE CHI COMMUNICABLE DISEASES?			N CHILD CA	RE AND DO	DES THE CH	ILD APPEAR TO BE FR	EE FROM CONTAGIO	OUS OR
□ YES □ NO IF NO, PLEASE	EXPLAIN YOUR	MNOWLK.						
HAS THE CHILD RECEIVED ALL AGE A SCREENINGS LISTED IN THE ROUTIN HEALTH CARE SERVICES CURRENTLY BY THE AMERICAN ACADEMY OF PED	APPROPRIATE IE PREVENTIVE RECOMMENDED	NOTE BELL THE SCRE	ENING WAS	S ABNORM	AL, PROVID	HEARING OR LEAD SO E THE DATE THE SCRI ATIONS OR ACTIONS	ENING WAS COMP	LETED AND
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