

LANE CHILD & FAMILY CENTER4000 E. 30th Avenue, Eugene OR 97405(541) 463-5519 FAX (541) 463-4740 <http://www.lanecc.edu/cfe/lcfc>**HEALTH CARE SUMMARY**

Child's Name: _____ Birthdate: _____

Physician's Name: _____

My authorization hereby allows for mutual exchange of information concerning my child.

Parent Name: _____

Parent Signature: _____ Date: _____

MEDICAL PERSONNEL ONLY

Date of last exam: _____

Height: _____ Weight: _____

Iron Deficiency Anemia? ☐ No ☐ Yes

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 important Health Problems.....

2. Are there any medications that should be dispensed in the classroom?

☐ No ☐ Yes, please list under important Health Problems.....

3. Is he/she up to date on a schedule of age appropriate preventative and primary health care?

☐ No ☐ Yes**Please list important health problems below:**

Indicate if you or someone else is following the child for this condition, and check which problems require special attention at the center.

Important Health Problems	Followed by you	Followed med. Source (name)	Requires special attention at the center
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the center:_____

Physician's Signature _____ Date _____

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