fundamentals
CHILD DEVELOPMENT CENTER, LLC

Universal Health Action Plan-Fundamentals Child Development Center, LLC

Section 1- To be completed by Parents		
Childs Name:		
I give consent for Fundamentals Staff and my child's Health Care Provider to discuss the information on this form.		
Signature:		Date
Section II- **To be Completed by Health Care Provider**		
Date of Physical Exam	Results of examination normal: ___ yes ___ no	
Abnormalities Noted:	Weight:	
	Height:	
Medical Conditions:		
Chronic Medical Condition/Related Surgeries • List medical conditions/ongoing surgical concerns:	__ None __ Special Care Plan Attached	Comments:
Medications/Treatments • List medications/treatments:	__ None __ Special Care Plan Attached	Comments:
Special Equipment Needs • List items necessary for daily activities:	__ None __ Special Care Plan Attached	Comments:
Allergies/Sensitivities • List allergies:	__ None __ Special Care Plan Attached	Comments:
Special Diet/Vitamin & Mineral Supplements: • List dietary specifications:	__ None __ Special Care Plan Attached	Comments:
Behavioral Issues/Mental Health Diagnosis • List behavioral/ mental health issues/ concerns:	__ None __ Special Care Plan Attached	Comments:
Emergency Plans: List emergency plan that might be needed and the sign/symptoms to watch for:	__ None __ Special Care Plan Attached	Comments:
Name of Health Care Provider:	Signature/Date:	