

Child's Name: _____ DOB: _____

Center: _____ AM/PM _____ Health/Nutrition Information entered into ChildPlus:

- Health History _____
- Lead/Questionnaire Form/Test Collected _____
- Dental /Physical Exam Form _____
- Immunizations **UPD or NUPD Needs:** _____ **ASAP/To Begin Head Start**
- Nutrition Questionnaire Form _____
- Absence Excuse / Diet Plan / Medication Forms / Medicaid Card / Medical Release / Re-enroll Questionnaire / Allergy Child Accident / Medically Fragile-Release / Physical/Dental Followup / Toilet Training Plan / Permission Forms Y N

Follow-up:

Specialist _____ Date Entered _____ FOW/TEACHER _____

Child's Name: _____ DOB: _____

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