

GETCARE

STAYING HEALTHY ALL YEAR ROUND  SCHOOL SUCCESS

Make sure your child is healthy and ready to learn with regular, preventive care. Use this card to keep track of important health care information and regular checkups.

www.allinforhealth.org/getcare

MY CHILD'S NAME:

.....

HEALTH COVERAGE:

PLAN NAME:

.....

POLICY NUMBER:

.....

PHONE:

.....



HEALTH CARE FOR ALL FAMILIES

A PROJECT OF THE CHILDREN'S PARTNERSHIP



ALLERGIES:

.....
.....
.....



MEDICATIONS:

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.....
.....

PHARMACY:

.....

ADDRESS:

.....

PHONE:

.....



HEALTH CARE FOR ALL FAMILIES

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FOR MORE INFORMATION GO TO:

www.allinforhealth.org/getcare

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MY CHILD'S PRIMARY CARE DOCTOR:

NAME:

ADDRESS:

PHONE:

ANNUAL WELLNESS
CHECKUP DATE: TIME:



MY CHILD'S DENTIST:

NAME:

ADDRESS:

PHONE:

SIX MONTH
CHECKUP DATE: TIME:



OTHER:

Eye Doctor, Mental Health Provider, or Other Specialist

NAME:

ADDRESS:

PHONE:

CHECKUP DATE: TIME:



ADDITIONAL NOTES:

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