



Dear Parents,

If you would like, Lexington Kids can fax this release of information form to your child's health care provider to have the required health care summary completed. Please complete the form below and return it to the office.

Health Care Provider Name (clinic/primary physician): _____

Clinic Fax Number (if known): _____

Dear Health Care Provider,

My child _____ DOB: _____ receives care at your clinic and is attending Lexington Kids Christian Child Care. Licensing requires updates to immunization reports, health care summaries, asthma plans, severe allergy plans, and special diet statements. Please complete the following:

___ Immunization Report

___ Health Care Summary

___ Asthma Plan

___ Severe Allergy Plan

___ Special Diet Statement

You can return the fax to Lexington Kids at 651-964-3767.

I, _____, am the parent/guardian of the child named above and authorize this release of information to Lexington Kids Christian Child Care.

Parent Signature

Date

Thank You,

Lexington Kids Christian Child Care
701 Lexington Parkway North
Saint Paul, MN 55104
651-646-6484

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