

Health Appraisal School Year 2025-2026

Due by Aug 18, 2025

RETURN COMPLETED FORM TO: Little Treasures Preschool 17361 US Hwy 285, La Jara, CO 81140 littletreasurespreschool@gmail.com

COMPLETED BY PARENT:

Child's name Birth date:
My child has health insurance. (To obtain health insurance, visit connectforhealthco.com / 855-346-3432) My child receives dental care. Date of last visit:
PRIMARY CARE PHYSICIAN (Address/Phone):
DENTIST (Address/Phone):
HOSPITAL OF CHOICE (Address/Phone):
Allergies?:none yes, describe:
Type of reaction:
Other concerns, including health history issues:

Completed by HEA	LTH CARE PR	ROVIDER:		
Child's weight			Normal _	Other
Please check all that app	o <u>ly</u> :			
reactive airway disease				
developmental concerns		ncernsnutrition of	concerns _	dental concerns
Explain above concerns, inc		ildcare providers:		
Please describe current medi	cations or special diet	:		
Any health history issues of	which child care prov	iders should be aware:		
This child is generally health Any concerns or exceptions		in the physical and soci	al activities o	f Little Treasures Preschool.
Date of Exam:				
Signed:Heal		Date: _		
Heal	th Care Provider			
	Printed name, a	ddress and telephone:		

DOES YOUR CHILD NEED TO SEE A DOCTOR?

SLV Health Pediatrics

Valley Wide Health

833-350-1113

La Jara Office

719-274-5000

Antonito Office

719-376-2308

Alamosa Office

719-589-5004



DOES YOUR CHILD NEED TO SEE A DENTIST?

Valley-Wide Health La Jara Clinic 719-274-8948

Valley-Wide Health Alamosa Clinic 719-589-9691

> Valley Smiles Dental Dr. Rocky Horton 719-992-2016

Dr. Eva Mejia, DDS Alamosa 719-589-4953 Sweet Tooth Dental Alamosa 719-937-2227

Dr. Darrell Jackson, DDS

Alamosa

719-589-7272

