

**Parent Request for Health Care Summary & Immunization Records  
for Child Care Purposes**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Parent Completing this Form: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Healthcare Provider,

I hereby request and authorize you to complete the following **Health Care Summary** and include the most recent **immunization records** for my child named above, and provide it to my childcare provider:

**Language of Love Spanish Immersion LLC**  
**14100 Valley View Road**  
**Eden Prairie, MN 55344**  
**Fax: (866)330-6122**

My child care provider, Language of Love Spanish Immersion LLC, requires the health care summary and immunization records pursuant to Department of Health and Human Services regulations.

Thank you for your prompt attention to this request.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**