

**LANE CHILD & FAMILY CENTER**  
4000 E. 30<sup>th</sup> AVENUE, EUGENE OR 97405  
(541) 463-5517 FAX (541) 463-4740  
<http://www.lanecc.edu/cfe/lcfc>

Dear Parents:

Welcome, we are glad that you have chosen Lane Child and Family Center.

Lane Child and Family Center is accredited by the National Association for the Education of Young Children (NAEYC). NAEYC accreditation is a rigorous, voluntary process by which early childhood programs demonstrate that they meet national standards of excellence.

Accredited programs undergo internal program review and evaluation as well as an external professional assessment to verify compliance with the Academy's criteria and standards. One of the national standards for excellence in providing quality care is to require an annual health care screening for children. Lane Child and Family Center requires a Well Child Check/Health Care Screening for all children within six weeks after a child begins the program, and as a condition to remain enrolled in the program.

Children must have a current Well Child Check/Health Care Screening documenting the date of children's health screening and immunizations at the ages recommended by national experts. This screening helps protect the children from infectious diseases and helps make sure they are healthy and ready to learn. American Academy of Pediatrics recommends yearly "well child checks" for children 2-5 years of age. This schedule is available from the American Academy of Pediatrics or your child's pediatrician.

The steps we need you to complete for your child are:

- Schedule your child's well check
- Have your physician sign Well Check/Health Care Screening form
- Return Well Check/Health Screening form to Child and Family office

Here are some options for low cost or free services to assist with the required Well Child Checks/Health Care Screening for children to remain current in eligible enrollment status.

School Based Health Centers:

Springfield: 541-744-4130

Churchill: 541-790-5227

North Eugene: 541-790-4445

South Eugene: 541-790-8020

Community Health Center: 541-682-3550

or [www.lanecounty.org](http://www.lanecounty.org)

If you have any questions please call or stop by the office.

Sincerely,

Lane Child and Family Administrative Staff

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**CHILD WELL CHECK / HEALTH CARE SCREENING**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

***My authorization hereby allows for mutual exchange of information concerning my child's preventive care and primary health care, including immunizations.***

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDICAL PERSONNEL ONLY**



**Date of last Well Check Exam:** \_\_\_\_\_

**Date of Next Well Check Exam due:** \_\_\_\_\_

1. Are there any conditions that need accommodations in the classroom, or require follow-up treatment? (Asthma, allergies, speech delays, birth defects, illnesses, etc)  
☐ **No**    ☐ **Yes, please explain under important Health Problems.....**
2. Are there any medications that should be dispensed in the classroom?  
☐ **No**    ☐ **Yes, please list under important Health Problems.....**
3. Is he/she up to date on scheduled immunizations?  
☐ **No**    ☐ **Yes**
4. Is he/she up to date on Well Child Check-up?  
☐ **No**    ☐ **Yes**

**Please list important health problems below:**

Indicate if you or someone else is following the child for this condition, and check which problems require special attention at the center.

Important Health Problems	Followed by you	Followed med. Source (name)	Requires special attention at the child care center

**Other information helpful to the center:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's**

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

**PLEASE FAX THIS FORM TO LANE CHILD & FAMILY CENTER @ 541-463-4740**