



Morningstar Family Ministries Foster Program

MAIL TO:

1117 Snyder's Rd. East Baden, Ontario N3A 3L2
Phone: 519-634-5550 Ext. 223 Fax: 519-634-8672

Medical Form for Foster Parents

Name: _____

Date when you last saw patient: _____

Is patient under treatment for chronic illness? Yes _____ No _____

If yes, what is the diagnosis? _____

What medications are prescribed for this individual? _____

Tuberculin Test: _____ Date: _____

Results: _____

General assessment of health: _____

List below any emotional, mental, or physical conditions of the patient that could adversely affect a child in care:

Please indicate recommended date of next health evaluation for licensing purposes.

PHYSICIAN

Physician's Name: _____

Telephone Number: _____

Address: _____

Physician's Signature: _____

Date: _____

Please mail completed forms in an envelope marked **CONFIDENTIAL** to:

Morningstar Family Ministries of Canada Inc.
Attention: Executive Director
Address: 1117 Snyder's Rd.
Baden ON. N3A 3L2