

Medical and allergy form

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Please fill out one form for each child, and tell us right away if anything changes.

Child

Full name _____

Date of birth _____

Program and days _____

Parent or guardian name and phone _____

Allergies

Food allergies and reactions _____

Other allergies (insect stings, medications, latex) and reactions _____

Epinephrine auto-injector (EpiPen) needed? Will it come to the program every day?

Can your child use it on their own, or will staff hold it?

Medications

Medication, dose and times _____

Medication, dose and times _____

Medications staff will give during the program (we may ask you and your child's doctor to sign our medication form)

Medical conditions

Conditions staff should know about (such as asthma, diabetes or seizures)

What staff should do if symptoms appear _____

Other needs

Dietary needs _____

Behavioral, learning or sensory needs (and what helps your child)

Doctor and insurance

Doctor's name and phone _____

Health insurance company and policy or member ID

Health records

☐ Immunization record or physical exam attached (if the program asks for it)

Emergency contacts

Name, relationship, phone _____

Name, relationship, phone _____

Consent for emergency care

In an emergency, staff will call 911 if needed and contact me as soon as they can. If they can't reach me, I authorize program staff to get emergency medical care for my child, including ambulance transport and treatment by a doctor or hospital, and to share this form with the medical staff who treat my child.

Parent or guardian's printed name _____

Parent or guardian signature _____

Date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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