



Medical Alert Information

Child's Name: _____ Date of Birth: _____

1. Please list any chronic medical conditions your child has: (for example: asthma, seizures, ear infections):

2. A. Please list all allergies:

B. Please list the symptoms that the allergy causes

C. Is an Epi Pen prescribed for your child? _____

3. Please list all medications, dosages for each medication and reason child must take each particular medication: (Please inform the school if there are any changes)

4. Please list all medications child is allergic to:

5. In the event of an emergency (if parents and emergency telephone numbers given are not reachable), please advise what procedure you would want Children At Play to follow:

6. Name Child's Physician: _____

Address: _____

Phone Number: _____ Date Last Seen: _____

***In the event of an emergency or in case of injury, I authorize children at play preschool to act on my behalf to obtain medical treatment for my child, including calling 911 and instructing the ambulance to go to the assigned hospital of the day or your preferred hospital.

Parent/Guardian's Signature

Date