

Medical Information

Child's Name _____ Today's Date: _____

Physician _____

Address _____ Phone _____

Dentist _____

Address _____ Phone _____

ALLERGIES- List all known:

- Food _____

Reaction and management of reaction _____

- Medication- _____

Reaction and management of reaction _____

- Other allergies (bee stings, latex, etc.)- _____

Reaction and management of reaction _____

Does the child have a history of any of the following?

___ Apnea

___ Asthma

___ Circulatory Disorder

___ Digestive Disorder

___ Respiratory Disorder

___ Sleep Disorder

___ Other List: _____

Any condition physical, developmental, psychological, or otherwise that would require special attention or limit participation in Concord Christian Preschool's program? Please explain what special care would be required:

We hereby grant to Concord Christian Preschool permission to take whatever action in its sole judgment that may be necessary in supplying emergency medical services to the child listed above. We understand that with circumstances of the situation and available time Concord Christian Preschool will make best efforts to contact and follow the instruction of the parent, guardian or others listed on the Child Information Sheet.

CONTINUED ON REVERSE

In the event that Concord Christian Preschool is unable to contact the above or feels that the situation requires immediate action, we grant permission to Concord Christian Preschool to contact and comply with the instruction and advice of a physician, dentist, ambulance personnel, emergency room personnel, police or other trained emergency personnel. We hereby agree to pay for any expense incurred by Concord Christian Preschool in making emergency care available. Except for first aid or life threatening condition, no medication shall be administered by the Concord Christian Preschool staff. In the event of a life threatening condition such as allergies or bee stings, an Epi-Pen, Benadryl, etc. will be given with written authorization by parents, guardian or physician.

Parents or Guardian _____ Date _____