

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. \_\_\_\_\_  
\_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_  
\_\_\_\_\_

List any types of medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your Child \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional \_\_\_\_\_

Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Phone \_\_\_\_\_

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Date Administrator \_\_\_\_\_ Date \_\_\_\_\_