

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Home Address _____

Street/Apt. #	City	State	Zip Code
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Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: _____	C:	H:
		W:		
		Place of Employment: _____	C:	H:
		W:		

Address _____
 Street/Apt. # _____ City _____ State _____ Zip Code _____

Any Changes/Additional Information _____

ANNUAL UPDATES _____

(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

Address			
Street/Apt. #	City	State	Zip Code

Address			
Street/Apt. #	City	State	Zip Code

Address _____

Street/Apt. #	City	State	Zip Code

Address	City	State	Zip Code
Street/Apt. #			

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number