

Does your child take medication for this condition? _____

If yes, what is it called, how is it administered, what is the dosage, and at what time is it required? Please fill out the attached medication release form if it is required that staff administer this medication.

Are there any signs, symptoms, or triggers for this condition? Some examples might be sun, exercise, strong smells, allergies, dizziness, vomiting, insect stings or stress. If so, please list what those are for your child.

Who do you wish us to contact in the event that this medical condition plays out and we are not able to reach you by phone?

Name: _____ Phone: (_____) _____ - _____

Please provide normal protocol and procedure for your child should their medical condition play out. Please specify how you would like us to handle the situation.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

