

P2. 2 Medical Information for children with allergies or health conditions

Child's Name: _____ DOB: _____

The following information must be provided in detail for any health conditions, restrictions or allergies (seasonal, food, medications, bees, etc.) that your child may have. Parents are obligated to inform the administration and teachers of any changes in your child's health status, treatment and medications. Be sure and clarify all information by giving specific details.

PLEASE PRINT

Allergy/Condition: _____

Symptoms: _____

Treatment including all medications and reason for use: _____

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Allergy/Condition: \_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

Treatment including all medications and reason for use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Allergy/Condition: _____

Symptoms: _____

Treatment including all medications and reason for use: _____

Please note that an additional form will be provided if necessary to complete your child's health history. If your child has severe health issues or life threatening allergies please see an administrator to review the care plan.