



Medical Alert Form

Child's full name: _____ D.O.B. _____

Name of Parents: _____

Home Address _____

Home Phone _____ Cell Phone _____

Physician _____ Phone _____

Please list all allergies your child may have to food, medication, etc. and how they manifest:

Are there any medical problems relating to your child that we should be aware of?

No _____ Yes _____ If YES, please specify:

Does your child use a rescue medication? No _____ Yes _____

If YES, when should medication be administered? _____

Is your child on any medication? If so, please list:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

******All rescue medications require a completed Authorization for Administering form (DHR-CDC-1949) and specific instructions on a prescription from your child's doctor.***