



Parent/Guardian: You have been asked to complete this form to provide additional details regarding your child/ward's life threatening allergy. Please complete this form in full and return it along with a letter from your child/ward's physician diagnosing the allergy and its severity.

Please return the completed form to the centre Supervisor and work with her to complete the A.3 Individual Anaphylaxis Plan and the A.4 Emergency Anaphylaxis Plan. Then complete and return the A.1 Administration of EpiPen Consent Form.

Medical Information Form

Child

Name _____ Birth Date (MM/DD/YYYY) _____

Home Address

No. _____ Street _____ Apt. No. _____ P.O. Box or R. R. No. _____

City _____ Province _____ Postal Code _____

Parent/Guardian Phone Numbers:

<i>Mom</i>	Home _____	Business/Cell _____
<i>Dad</i>	Home _____	Business/Cell _____

Emergency Contacts (Other than parents/guardians)

<i>Name</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

Specific Potentially Life-threatening Allergy(ies)

Nature of the Reaction

Recommended Treatment in the Event of Accidental Exposure

This form was completed by:

Print Name _____	Signature _____	Relationship to Child _____	Date Completed _____
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(01/07)

Note: This form is to be retained in the child's file in the office of the child care.