RisingOaks
Early Learning Ontario

A.1 Medical Information Form

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.2 Individual Anaphylaxis Emergency Plan and the A.3 Epinephrine Consent & Administration 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:

Mom Home _____ Business/Cell _____

Dad Home _____ Business/Cell _____

Emergency Contacts (Other than parents/guardians)

Name	*Home Phone*	*Work Phone*	*Cell Phone*

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 _____

Tip: Use Tools> Fill & Sign to type or draw your signature.

(2020-12)

This document is available in alternate formats and/or with communication supports, upon request. This agreement may be signed in a number of counterparts and facsimile signatures are acceptable and deemed binding. We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.risingoaks.ca or contact your centre Supervisor for a copy.