

Health History/EMERGENCY Treatment

Child's Name: _____ Birthdate: _____

Health Statement (check one):

- My child is in good health and has no special health or medical requirements
- My child has special health or medical requirements as listed below

Please list any allergies – Food, Pet, Chemical, Medication, Etc. Please also list any special medical conditions including chronic health problems such as asthma, or seizures, behavior disorders, special needs, etc.

Please be sure to list any medical or health concerns you may have regarding your child. If anything happens that requires an ambulance or hospital, this is the information that will be given to the paramedics/medical staff.

I understand that a medical authorization form is required before medication can be administered to my child. I also understand that this form requires my signature. The dates medicine is dispensed, and time schedule medication is given will be documented on another sheet available for me.

Parent/Legal Guardian Signature: _____ Date: _____