



MEDICAL CONDITION & ALLERGY INFORMATION FORM

Please let us know if your child has any type of medical condition or known allergy that we need to be aware of.

CHILD'S NAME: _____

ALLERGY/CONDITION: _____

DESCRIPTION: _____

BEST WAY TO HANDLE IF A SITUATION OCCURS: _____

EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP	PHONE #

Parent/Guardian Name

Date

Parent / Guardian Signature

Date

IF YOUR CHILD HAS A MEDICAL CONDITION OR KNOWN ALLERGY A RECENT PHOTO IS REQUIRED ALONG WITH THIS COMPLETED FORM. THE FORM AND PHOTO WILL BE LAMINATED AND POSTED IN THE CLASSROOM.