

Instructions: Complete the following items, as appropriate, if your child has a condition(s) that might require medical care. If necessary, have your child's health practitioner review the information you provide below.

Medical Condition: _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

Has your child been stung by a bee? YES NO

Reaction? _____

Emergency Medical Instructions

1. Signs/symptoms to look for: _____

2. If Signs/Symptoms appear, do this: _____

3. To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NECESSARY: _____

COMMENTS: _____

Emergency Health Practitioner Contact Information

Name of Health Practitioner: _____

Health Practitioner's Phone Number: _____