

**Instructions to Parent/Guardian:**

1. Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
2. If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s):  
\_\_\_\_\_

Medications currently being taken by your child:  
\_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

**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 NEEDED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_