EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

Complete all items on this side of the form. Sign and date where indicated.
 If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

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Meals served - B-L-P.M. SWACK

(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: Note to Health Practitioner: If you have reviewed the above information, please complete the following: Name of Health Practitioner Date Signature of Health Practitioner Telephone Number

(1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical

INSTRUCTIONS TO PARENT: