

MEDICAL INFORMATION



MEDICAL/HEALTH INFORMATION

For the protection of your child and in any emergency, which may arise, please list below the names and phone numbers of all your child's medical personnel, any known allergies and current medications.

Child's Name (first, Middle, Last):	Birthdate:
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	PHONE NUMBER	ADDRESS
Primary Physician:		
Dentist (required regardless of age):		

Medical Policies:

1. Prior to enrollment, you must provide Koala Bear Child Care with updated medical and immunization information for your child. This information must be updated each time your child moves to another classroom. Children without appropriate and current medical records may not attend. **All children are required to be immunized prior to enrollment.**
2. You must promptly provide Koala Bear with any information regarding conditions, illnesses, allergies or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. In the event your child becomes ill at the school, you must pick up your child within one (1) hour of us notifying you.
4. If your child contracts a reportable contagious disease, your child may only return to the school once they are no longer contagious. A physician note may be required.

Allergies:

1. My child does have food or environmental allergies, asthma, or special food accommodations as determined by a physician or religious preferences. **If yes, please continue to question 2.** If no, please go to next section. Yes No
2. My child has allergies (check all that apply). If checked, please fill out an Individual Allergy Action Plan, along with appropriate prescription and non-prescription medication release forms (prescription Medication Release and Authorization for Over-the-Counter Allergy Medication). Yes No Food Allergies Environmental Allergies
3. My child has asthma. If yes, fill out an Individual Asthma Action Plan, along with appropriate prescription and non-prescription medication release forms. Yes No
4. My child has special diet accommodations (including allergies, food intolerance, and/or cultural/religious preferences). *If yes, please complete a Special Diet Request. Yes No
Please note: We may not be able to provide all diet preferences.

List all Known Allergies:
List all Current Medications:



MEDICAL AUTHORIZATION

I give Koala Bear Child Care permission to make whatever emergency (i.e. First aid, disaster, evacuation) measures are judged as necessary for the care and protection of my child while under the supervision of the center.

In case of a medical/dental emergency, I understand that my child may be transported to an appropriate medical facility by local emergency resources (i.e. Police, ambulance) if they deem it necessary. The child will be transported at the expense of the parent/guardians.

It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician and/or other adults acting on the parent/guardian's behalf.

Signature of Parent/Guardian:	Date:
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