A picture containing vector graphics

Description automatically generated

Medical Information

|  |  |
| --- | --- |
| Child’s Name |  |

|  |  |
| --- | --- |
| Pediatrician Name |  |
| Pediatrician Phone Number |  |
| Please list child’s allergies: |  |
| Does your child require emergency rescue medication for their allergies? |  |
| *If yes, additional Medication Forms will be provided by the Preschool Office.* | |
| Please list any daily medications: |  |
| Emergency Medical Contact #1 |  |
| Emergency Medical Contact #2 |  |
| Hospital Preference |  |

Parent Signature: Date: