



Please list any medications/allergies/restrictions your child needs. This is to be used in the event of a medical emergency and will be kept confidential.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Times per day</u>	<u>Is child able to administer</u>
---------------------------	---------------	----------------------	------------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Restrictions due to Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information you need to share that would benefit the teachers working with your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_