

Emergency Form

Child's name: _____

Please list any allergies your child may have. Check the reason(s) why and describe the allergic reaction (if applicable):

Allergy	Minor Diagnosed Allergy	Serious Diagnosed Allergy	Is other medicine required?	Is an EpiPen Required	Describe the child's typical allergic reaction
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes No	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes No	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes No	_____

Additional Information: _____

****Before your child is able to attend classes at Childswork, you must schedule a training time to train your child's teachers/staff (along with the Education Director) on the proper use of the EpiPen for your child (staff will not administer without training).*

****In the event that Childswork administers an EpiPen to your child, we will first administer the EpiPen, then call 911, and then contact the family as quickly as possible.*

Please list any other medical issues your child may have:	Is an EpiPen Required	Describe the child's typical reaction
_____	Yes No	_____
_____	Yes No	_____

Does your child require any medicines to be administered during the school day? Yes No

If yes, please explain _____

****Please note any medication that is to be administer at school requires the administering medication form be completed which is located in the school office.****

Please list any special needs, services or IFSP your child has: _____

Student's Doctor's Name _____ Phone No. _____

Preferred Hospital _____ Insurance _____

Group No. _____

Student's Dentist's Name _____ Insurance _____

Group No. _____

****By signing below I give permission for the following: In an emergency, Childswork Learning Center has my permission to call an ambulance or take my child to any available physician or hospital at my expense and to obtain medical treatment for my child, except for any listed restrictions: _____*

Parent/Guardian Signature

Date