



MEDICAL ALERT FORM

Child's Name: _____ **Center:** _____

Staff awareness of allergies and other health concerns is imperative to the prevention and/or treatment of certain types of reactions. In order for this information to be readily available, Play Centers is requesting that you complete, sign, and return this form with your enrollment materials.

No, to the best of my knowledge, my child does not have any allergies and is not prone to any medical condition(s).

YES, my child does have an allergy to _____ and/or is prone to the following medical condition, _____.

Some signs/symptoms may include: _____.

Specific instructions for staff, should a reaction occur, are as follows:

1. _____
2. _____
3. _____
4. _____

Parent's Signature: _____ Date: _____

IMPORTANT NOTES REGARDING CHILD SAFETY:

- Please ensure that complete information regarding your child's allergies/other health concerns is also noted on your child's:
 - Health Inventory
 - Asthma Action Plan (if applicable)
 - Any other applicable forms (Please consult the Center Director for more information.)
 - Emergency Form
 - Medication Administration Form (if applicable)
- Play Centers will never give the first dose of any medication. If at all possible, please schedule maintenance dosages of medication at times other than during program hours.