Trinity Preschool
Part of the Camp Curtin Learning Community

EMERGENCY HEALTH INFORMATION FORM
2019-2020

Student's Full Name_____

Student's Date of Birth_____

Parent/Guardian Name_____

Home Phone_____ Cell Phone_____

Emergency Contact_____

Home Phone_____ Cell Phone_____

Family Care Provider_____

Address_____ Phone_____

Health Insurance_____

Policy # or Medicaid #_____

Does your child take any medication for special health concerns? _____

(If yes, please list) Example: Asthma, Diabetes, Epilepsy, etc.

Dosage_____ Time_____

Allergies:

Drug_____Environmental_____Other_____

If your child has a food allergy, please complete the following questions:

List all foods your child is allergic to (meaning he/she experiences immunological reaction(s), such as anaphylactic shock, swelling, hives, diarrhea, vomiting, etc.).

_____

Describe the symptoms and severity when your child is exposed to the allergenic food.

_____

Does your child take medicine for his/her allergy? _____

In the event your child experiences an allergic reaction, what course of action would you like Trinity Preschool Staff to take? _____

Food restrictions (not medically related) _____

Reason (circle one) Religious Cultural Other_____

Recommended Substitutions_____

I understand that the information on this form will be kept confidential and only for the appropriate Trinity Preschool Staff and any necessary professionals to address any emergency health concerns of my child. I will report immediately any changes and/or information on this form to the Trinity Preschool Staff.

Signature of Parent/Guardian _____ Date _____

Signature of Trinity Preschool Staff _____ Date _____