Allergy & Medication Form

Solely for children who have a known allergy or medical condition

PLEASE PRINT ALL SECTIONS CLEARLY

Parent's Full Names____

Child's Full Name____

Child's Date Of Birth_____/______/_________

Emergency contact names and numbers:

Full Name ________________________ Relationship to Child ______________________

Phone number_____________________ Additional Number _______________________

Full Name ________________________ Relationship to Child ______________________

Phone number_____________________ Additional Number _______________________

Full Name ________________________ Relationship to Child ______________________

Phone number_____________________ Additional Number _______________________

ALLERGIES

Please list all known allergies:

____

____

Please provide detailed instruction in case of accidental exposure to allergen:

____

____

____

Does your child have an epi-pen? Please check: Yes _______ No ______

*** Please make sure that we have all necessary items to deal with an emergency.*

MEDICAL CONDITIONS

I, ______________________(mother's name), give permission for my child to receive the following medication directed by a physician:

____

____

Instructions (please print clearly):

____

____

*Physician signature and stamp (required):

Additional Notes (please print clearly):

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I hereby request and authorize the Passaic Clifton Playgroup personnel to administer medication to my child as directed by my physician. I agree to release, indemnify, and hold harmless PCP and any of its officers, staff members, or agents from lawsuit, claim demand, or other action against them for administering medication to this student. GKP will make all reasonable efforts to give medication in a timely fashion, but the final responsibility for administration of medication rests with the parents.

*** Please note that we require that all medication be in the original prescription bottle or packaging.

Parent's signature___________________________________ Date _____/______/_________

Parent's signature___________________________________ Date _____/______/_________