



Preschool Medical Release Form

Please notify us if any of this information changes at any time during the year.

info@kidsclubhouse.biz 845 258-7780

628 County Route 1 Pine island, New York 10969

Name of parent filling out form: \_\_\_\_\_

Child name: \_\_\_\_\_

• Does this child have any food allergies?  no  yes (please specify) \_\_\_\_\_

Type of reaction: \_\_\_\_\_

• Does this child have any drug allergies?  no  yes (please specify) \_\_\_\_\_

Type of reaction: \_\_\_\_\_

• Is an Epi-Pen required/prescribed by a doctor:  no  yes \_\_\_\_\_

If yes, parent is responsible for providing the Epi-pen to be stored at school.

• Does this child have any asthma?  no  yes (please list triggers/symptoms) \_\_\_\_\_

Is an inhaler required/prescribed by a doctor:  no  yes list name of inhaler \_\_\_\_\_

If yes, parent is responsible for providing the inhaler to be stored at school.

• Does this child have any chronic or medical conditions/illnesses?  seizures  cardiac condition  diabetes ( Type 1 or  Type 2)  other (please specify): \_\_\_\_\_

Please list medications related to any health condition:

Please list any other important information to help us better care for your child while at school:

This information is correct to the best of my knowledge. If parent cannot be notified and emergency care is necessary I hereby give my permission for this student to be ransported to the nearest hospital and I give permission for the hospital to give emergency threaten as may be needed. I will assume responsibility for all fees incurred by such emergency:

Parent/Guardian signature:

Date:

