**MEDICAL INFORMATION/ALLERGIES**

**\*\* Each child must have a current immunization record on file within the first week of school. If your child is not immunized, we must have a notarized form as to why.**

**Does your child have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment for the allergic reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*If medication is needed to treat the reaction, please complete the Medical Administration portion.**

**List any other health care needs or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT FOR MEDICAL CARE IN EMERGENCY**

**In the event of sickness or medical emergency and I am not present at the time, my child’s care has been entrusted to the staff of Muir’s Chapel Christian Playschool. I also release from liability any and all agents of MCCP, MCUMC, volunteers and staff in case of accident/injury.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION TO GIVE MEDS FOR ALLERGIC REACTION**

**In the event of an allergic reaction, I give the Director and staff permission to administer the following to my child-please include dosage.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Todays date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**