

**ORCHARD PARK PRESCHOOL EMERGENCY MEDICAL INFORMATION**

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

**Primary Caregiver's Name** \_\_\_\_\_

Cell phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Workplace \_\_\_\_\_

email \_\_\_\_\_

**Secondary Caregiver's Name** \_\_\_\_\_

Cell phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Workplace \_\_\_\_\_

email \_\_\_\_\_

*Please \* the phone number you would like us to call first!*

Does your child have any allergies, medical conditions and/or developmental delays? (If yes, back of form must be completed)

YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Doctor/Phone:

\_\_\_\_\_

If we are unable to reach a parent, who would you like us to notify in the event of an accident or illness?

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the event of serious illness or injury and if all attempts to reach a parent and your emergency contact are unsuccessful, I give consent to transfer my child by ambulance to an emergency room for treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALLERGY**

List all your child's allergies: \_\_\_\_\_

What is your child's reaction to the allergen? \_\_\_\_\_

Do they have an EpiPen/Auvi-Q? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, they must have one kept at school.

How is the allergy treated (Benadryl, Claritin, EpiPen, ect.)? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL DIAGNOSIS/CONDITION**

Description of medical condition(s): \_\_\_\_\_

\_\_\_\_\_

Is your child currently under a doctor's care for this condition? \_\_\_\_\_

What treatment/medication are they currently receiving? \_\_\_\_\_

Does this require medication/treatment to be given at school? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**DEVELOPMENTAL DELAY(S)**

Is your child experiencing any delays (speech, physical, social, ect) that you are aware of or that you are concerned about? \_\_\_\_\_

\_\_\_\_\_

Has he/she been assessed for the delay? YES \_\_\_\_\_ NO \_\_\_\_\_ by whom? \_\_\_\_\_

Is your child currently receiving any kind of therapy? \_\_\_\_\_

Does your child use any assistive devices (braces, crutches, special garments, ect.)? \_\_\_\_\_

\_\_\_\_\_