

## Health and Safety Form

Child's Name: \_\_\_\_\_

Person/s to notify in case of Emergency with contact information:

\_\_\_\_\_  
\_\_\_\_\_

Medical Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Learning Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**\*\*\*\*My child may be given Benadryl if stung, and she/he shows signs of anaphylactic shock.**

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