## **INSTRUCTIONS TO PARENT/GUARDIAN:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name:	Date of Birth:
Medical Condition(s):	
Medications currently being taken by your child:	
Date of your child's last tetanus shot:	· · · · · · · · · · · · · · · · · · ·
Allergies/Reactions:	
EMERGENCY MEDICAL INSTRUCTIONS:	
(1) Signs/symptoms to look for:	W. S. L. (1997)
(2) If signs/symptoms appear, do this:	of \$9 killings in the section of the contraction of the contract
(3) To prevent incidents:	
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OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:	
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COMMENTS:	
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Note to Health Practitioner	V. N. S&
₩ you have reviewed the above information, please complete the	e following:
Name of Health Practitioner	Date
	( h
Signature of Health Practitioner	Telephone Number

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