

Medical Condition Protocol

Child's Name

MEDICAL INFORMATION

Condition: _____

Description: _____

Signs and Symptoms	Action to be Taken Upon Appearance of Symptoms
Strategies for Avoidance	List of all Medications Child is Taking (include dosage)

EMERGENCY CONTACT INFORMATION

Contact#1

Full Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone (ext) _____

Contact#2

Full Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone (ext) _____

Contact#3

Full Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone (ext) _____

This protocol has been completed by the undersigned parent/guardian in consultation with the Director. It will be reviewed with any/all staff, students or volunteers who will then be aware of the procedures to follow in the event the medical condition presents itself.

Please note: Should any of the above information change it will be the parent/guardian's responsibility to inform the Child Care Director

Parent/Guardian Signature

Date

Supervisor/Director

Date

6 month review

Parent/Guardian Signature

Date

Supervisor/Director

Date

