



## MEDICAL RELEASE AUTHORIZATION

I hereby give my permission for my child \_\_\_\_\_  
to receive emergency medical treatment by a licensed physician in the event that I cannot be reached first.

Child's Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Day off \_\_\_\_\_

Alternate Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Day off \_\_\_\_\_

Signatures \_\_\_\_\_

FATHER

MOTHER

DATE

## ALLERGY QUESTIONNAIRE

Child's Name \_\_\_\_\_ Color Group \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

1. Is your child allergic to any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If so, specify types \_\_\_\_\_

b. Reaction \_\_\_\_\_

2. Is your child allergic to any foods? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, please fill out Form # 7 (Food Allergy Questionnaire)

3. Is your child allergic to animals? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, please specify \_\_\_\_\_

b. Reaction \_\_\_\_\_

4. Is your child allergic to environmental substances? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Indoor – specify \_\_\_\_\_

b. Reaction \_\_\_\_\_

c. Outdoor \_\_\_\_\_

d. Reaction \_\_\_\_\_