

Allergies & Health

Hosted By

COURTICE CLUBHOUSE



Child's Name _____

N <input type="radio"/> Y <input type="radio"/>	Does your child have any allergies you are aware of?
N <input type="radio"/> Y <input type="radio"/>	Is your child at risk of an anaphylactic reaction due to their allergy?
IF THE ANSWER IS YES THEN YOU NEED TO FILL OUT A SEPARATE FORM	

N <input type="radio"/> Y <input type="radio"/>	Does your child have any food allergies, if so please list what foods:
N <input type="radio"/> Y <input type="radio"/>	Does your child have any environmental allergies, if so please list from what:
N <input type="radio"/> Y <input type="radio"/>	Does your child have any drug allergies, if so please list what drugs:
N <input type="radio"/> Y <input type="radio"/>	Does your child's allergy require any special medical treatment? If so please explain:
How does your child's react to their allergy? (Check one or more)	
<input type="radio"/> Ingestion <input type="radio"/> Inhalation <input type="radio"/> Contact	
What precautions are taken at home to accommodate your child's allergy?	

N <input type="radio"/> Y <input type="radio"/>	Does your child have any medical conditions we should be aware of? If so, please explain.
Please list the signs:	
N <input type="radio"/> Y <input type="radio"/>	Does your child have any dietary restrictions? If so please see Appendix A regarding any special instructions for diet and/or exercise.
N <input type="radio"/> Y <input type="radio"/>	Does your child have any other health concerns we should be aware of? If so please explain:
N <input type="radio"/> Y <input type="radio"/>	Does your child have any history of any communicable diseases? If so please list the diseases:

Every child is unique including the way they respond to sickness. Are there any signs your child exhibits that are good indicators of being unwell? Please explain:	
What kind of activities does your child like to do?	
What kind of activities does your NOT child like to do?	
Is there anything else you would like use to know about your child?	

Ultimate School-Agers is prepared for any kind of emergency. Should we encounter an emergency that would require an evacuation we have a specific evacuation center. We have permission to take the children to Courtice Community Complex. Should this happen for any reason you will be informed of our whereabouts after we have safely made it to the Courtice Community Complex. All of the staff are familiar with the Emergency Evacuation Procedures.

Emergency Contact Information

Child's Name		Priority 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>		Priority 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>		
Parent Guardian 1		Relationship	Parent Guardian 2		Relationship	
Home Address			Home Address			
Does the child live at this address? Yes <input type="radio"/> No <input type="radio"/>			Does the child live at this address? Yes <input type="radio"/> No <input type="radio"/>			
City		Postal Code	City		Postal Code	
Home Phone # ()	Cell Phone # ()	Home Phone # ()	Cell Phone # ()			
Workplace Name			Workplace Name			
Workplace Address			Workplace Address			
City			Postal Code	City		Postal Code
Work Phone # ()	Extension #	Work Phone # ()	Extension #			

Other Emergency Contact		Priority 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>		Priority 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>		
Other Emergency Contact		Relationship	Other Emergency Contact		Relationship	
Home Address			Home Address			
City			Postal Code	City		Postal Code
Home Phone # ()	Cell Phone # ()	Home Phone # ()	Cell Phone # ()			
Workplace Name			Workplace Name			
Workplace Address			Workplace Address			
City			Postal Code	City		Postal Code
Work Phone # ()	Extension #	Work Phone # ()	Extension #			

Medical Information			
Family Physician's Name		Allergies	
Office Address		Anaphylactic	
		Medical Conditions	
City		Postal Code	
Office Phone # ()	Health Card # (optional)	Date of Admission	Date of Discharge

Appendix A

Special Instructions Regarding Diet and/or Exercise

Child's Name
Date

Instructions

How long should Ultimate School-Agers follow these instructions?
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Parent signature Date Staff signature Date