

ALLERGY ALERT: _____

Emergency and Medical Information Form

(This form must be filled out for each student registered.)

Child's Name _____ Age _____ KT
Grade _____

Physician _____ Phone _____

Dentist _____ Phone _____

Specialist (Allergy, etc) _____ Phone _____

If I am unavailable in an emergency, please contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

The following information is to help us better understand the needs of your child. Please feel free to call us at the TBS office to further discuss these needs.

In order to accommodate teaching styles and to help your child, please describe any learning problems or issues your child may have. This should include behavior, medical or emotional issues and learning disabilities.

Does your child take medication on a regular basis that we should know about? Does your child take medication during his or her secular school day that is not taken on the weekends?

Please list any allergies your child may have. **If your child has a life threatening food allergy please be clear about treatment for exposure.** If your child has any allergy it is your responsibility to provide proper medical support in the TBS office. We will label and keep epi-pens, anti-histamines or any other needed supplies in the office for your child.