

Bright Beginnings Learning Center  
Strawbridge United Methodist Church  
5629 Kingwood Drive  
Kingwood, Texas 77345

**Allergy and Medical Conditions**  
2019 - 2020

Child's name \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

Home telephone # \_\_\_\_\_ cell # \_\_\_\_\_

Birth date \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone # \_\_\_\_\_

Known allergies \_\_\_\_\_

Must document "no known allergies" in/on a child's record if the child has no known allergies. (cannot simply leave this space blank)

Course of treatment \_\_\_\_\_

Does your child have any special needs or medical concerns, such as allergies, existing illness, previous serious illnesses, recent injuries, any medication prescribed for long-term use, or other information of which the staff should be aware?

YES \_\_\_\_ or NO \_\_\_\_

If YES, please explain -

\_\_\_\_\_  
\_\_\_\_\_

Will your child have an EPI-PEN in the BBLC Office?

YES \_\_\_\_ or NO \_\_\_\_ If YES, please provide a letter from your child's doctor.

\_\_\_\_\_

Parent's Signature

Date