

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

Allergy and Medical Conditions
2018 - 2019

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