



Play Centers, Inc.

1517 York Road

Lutherville, Maryland 21093

Federal Tax I.D. Number: 52-1259566

Phone: 410.296.4880 / Fax: 410.296.0803 / Web: www.playcenters.org

MEDICAL ALERT FORM

Child's Name: _____ Center: _____

Staff awareness of allergies and other health concerns is imperative to the prevention/treatment of certain types of reactions. In order for this information to be readily available, Play Centers is requesting that you complete, sign, and return this form with your registration materials.

A few examples of allergies/health concerns are as follows:

- Insect bites or stings
- Foods (i.e. milk, chocolate, etc.)
- Medications (i.e. penicillin, etc.)
- Asthma
- Diabetes
- Seizures

To the best of my knowledge, my child does not have any allergies and is not prone to any medical condition(s). (Please sign and date this form)

My child does have an allergy and/or is prone to a medical condition(s). (Please complete the section below, then sign and date this form)

_____ is allergic to/prone to _____
(child's name) (condition)

Some signs/symptoms may include: _____

Specific instructions for staff, should a reaction occur, are as follows:

1. _____
2. _____
3. _____
4. _____

The staff will not dispense medication (over the counter or prescription) without written authorization from the parent. Consult the Director for specifics. Play Centers will never give the first dose of any medication. If at all possible, please schedule maintenance dosages of medication at times other than during program hours.

Parent's Signature: _____ Date: _____