GOLDEN BLOOM LEARNING & CARE

MEDICAL INFORMATION & EMERGENCY AUTHORIZATION

Where Learning Blossoms & Care Comes First

Please provide information that may be important to your child's health and safety while in care. Update this form whenever your child's medical information changes.

CHILD & PROVIDER INFORMATION

Child's Full Name: _____
Date of Birth: _____
Pediatrician/Primary Care Provider: _____
Provider Phone Number: _____
Preferred Hospital/Emergency Facility: _____
Health Insurance Provider, optional: _____
Insurance Member/Policy Information, optional: _____

ALLERGIES

Does your child have any known allergies? ☐ Yes ☐ No
Food Allergies: _____
Medication Allergies: _____
Environmental Allergies: _____
Other Allergies: _____
Describe the reaction and severity: _____
_____
Does the child carry an EpiPen or other emergency allergy medication? ☐ Yes ☐ No
If yes, please identify the medication and provide relevant instructions:
_____

MEDICAL CONDITIONS

Asthma: ☐ Yes ☐ No
History of seizures: ☐ Yes ☐ No
Diabetes: ☐ Yes ☐ No
Heart condition: ☐ Yes ☐ No
Respiratory concerns: ☐ Yes ☐ No
Other diagnosed medical conditions: _____
_____
Previous serious injuries or medical emergencies relevant to care: ___
_____

MEDICATION

Does your child currently take medication? ☐ Yes ☐ No
Medication Name: _____
Reason for Medication: _____
Dosage: _____ Time Normally Administered: _____
Emergency Medication? ☐ Yes ☐ No

Any medication that may need to be administered during care requires a separate Medication Authorization Form and must be provided in accordance with Golden Bloom Learning & Care's medication procedures.

ADDITIONAL HEALTH & SAFETY INFORMATION

Dietary restrictions: _____
Physical limitations: _____
Developmental considerations relevant to care: _____
Other health or safety information Golden Bloom should know: _____
_____

EMERGENCY MEDICAL AUTHORIZATION

In the event of a medical emergency, I authorize Golden Bloom Learning & Care to contact emergency medical services when reasonably necessary. I understand that reasonable efforts will be made to contact me and/or my child's authorized emergency contacts as soon as possible.

Parent/Guardian Name: _____
Signature: _____ Date: _____