



Emergency Care Form

This form should accompany children being transported by the children's center that have a chronic medical condition, i.e. asthma, diabetes or seizures.

This section should be completed by the children's center:

Child's Name _____
Condition _____
Symptoms _____
Medications/Supplies to be available _____ _____
Name of adult trained to respond to the emergency _____ _____

This section to be completed by parent or health care provider:

The following steps should be followed in the event that this condition requires action:
• _____
• _____
• _____
• _____
• _____

Parent or guardian's signature _____

Director's signature _____

Date _____

See Child Enrollment Form or Emergency Medical Release Form for Health Care Provider and Preferred Hospital Information.