



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:

<p>The following steps should be followed in the event that this condition requires action:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ • _____

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.