



Medical Information

Student Name: _____

Does your student have any allergies? Yes ___ No ___

If so, please list all:

If your child has an allergic reaction, what action(s) should be taken? _____

Does your student have any medical conditions or disabilities? Yes ___ No ___

If so, please list all:

Does your student require any emergency medication? Yes ___ No ___

If so, please list the medication and any special instructions, including how to administer medication.

*Note: all medication should be taken before coming to the program. If a child must take medication during program hours, a doctor's note must be provided.

Do you authorize that Dynamic Works Program Support has permission to administer medication should an emergency occur and you (the parent) can not be located? Yes ___ No ___



Medical Information

Do you certify that if your child becomes ill, they will be picked up from the program by you or another authorized person, if requested by the center? Yes ___ No ___

With the spread of Covid-19, it is important to keep open communication between our program and the families enrolled. If your child has a confirmed case or has been exposed to someone who has a confirmed case of Covid-19 or any other communicable disease, you must make the center aware within 24 hours of discovery. This helps to prevent the further spread of disease.

Do you certify that you will report any exposure to or diagnoses of any communicable diseases to Dynamic Works Program Support within 24 hours of discovery? Yes ___ No ___

Parent/Guardian Signature: _____

Date: _____