

Kidz B.E.A.T. Emergency Medical Information

1. Does your child have food allergies? ☐ Yes ☐ No

If "yes" please list/comments: _____

2. Does your child take medications? ☐ Yes ☐ No

If "yes" please list/comments: _____

3. Does your child have asthma? ☐ Yes ☐ No

4. Does your child have any other conditions not listed above? _____

If your child becomes ill or has a medical emergency while at Kidz BEAT please write what procedures you want the staff to follow in caring for your child.

In case of illness: _____

In case of a medical emergency: _____

Parent/Guardian Signature: _____

Date: _____