

# ALLERGY & MEDICAL CONDITION FORM

[TO BE LOCATED WITH SNACK CO-ORDINATOR]

Name of Child/Volunteer \_\_\_\_\_

## 1. ALLERGY - DESCRIPTION

This person has a DANGEROUS, life-threatening allergy to the following:

\_\_\_\_\_  
\_\_\_\_\_

and all substances containing them in any form or amount, including the following kinds of items:

\_\_\_\_\_  
\_\_\_\_\_

## 2. GENERAL PRECAUTIONS

\_\_\_\_\_  
\_\_\_\_\_

## 3. SYMPTOMS FOLLOWING EXPOSURE TO A PARTICULAR MATERIAL CAN INCLUDE (circle):

- hives and itchiness on any part of the body;
- difficulty breathing or swallowing;
- throat tightness or closing.
- fainting or loss of consciousness;
- other, please specify: \_\_\_\_\_
- nausea, vomiting, diarrhea;
- panic or sense of doom;
- swelling of any body parts, especially eyelids, lips, face or tongue
- coughing, wheezing or change of voice

## 4. MEDICAL CONDITION – Is there anything we need to know that will assist us regarding health & safety matters during VBS week?

\_\_\_\_\_  
\_\_\_\_\_

## 5. EMERGENCY MEASURES

\_\_\_\_\_  
\_\_\_\_\_

## 6. LOCATION OF MEDICAL ITEMS DURING VBS: (e.g. EpiPen, Inhaler, Diabetic Kit)

With Child

On Snack Cart

## 6. EMERGENCY CONTACT INFORMATION

Name	Relationship	Home #	Work #	Cell #
1.				
2.				

I agree that the church may carry out the Emergency Measures and that this information will be shared, as necessary, with the VBS leaders and health care providers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

