



Child Medical Profile

Child's Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Suite: \_\_\_\_\_

Medical Condition (ex. Asthma, Seizures, etc. )

\_\_\_\_\_

Symptoms of Medical Distress:

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

Emergency Care Plan:

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

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Owner/Director Signature

\_\_\_/\_\_\_/\_\_\_

Date

\_\_\_/\_\_\_/\_\_\_

Date