



# Allergy, Medication and Special Needs

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

Kids Klub Site:

- Rockfield                       MacArthur                       Amy Belle  
 County Line                       St. Boniface

ALLERGY	REACTION	TREATMENT
<input type="checkbox"/> BEE STING		
<input type="checkbox"/> EGGS		
<input type="checkbox"/> HAY FEVER		
<input type="checkbox"/> IBUPROFEN/TYLENOL		
<input type="checkbox"/> NUTS & PEANUTS		
<input type="checkbox"/> PENICILLIN/AMOXICILLIN		
<input type="checkbox"/> SULPHUR & SULFA		

Parent/Guardian Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Allergy, Medication and Special Needs, cont.

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

Kids Klub Site:

Rockfield

MacArthur

Amy Belle

County Line

St. Boniface

MEDICAL (Asthma, ADHD, Epilepsy, etc.)	SYMPTOMS	TREATMENT

SPECIAL NEEDS	TREATMENT

Parent/Guardian Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_