

## Current Medical Information for a Child

Child's Name		Middle Name			
Social Insurance Number	Date of Birth	DD	MM	YYYY	Sex
					M F
Health Card Number	Birth Certificate Number				
MedicAlert File Number	Hospital Patient Number				

### Health Care Provider Contacts

Pediatrician	Office Phone
	(    )
Allergist	Office Phone
	(    )
Pharmacist	Office Phone
	(    )

### Medical Conditions

1.	2.	3.
4.	5.	6.

## ALLERGIES

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

### Current Medication Regimen

Medication	Dosage	Frequency	Condition/Special Notes