

| 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 |
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