

Breathe Respite Contact and Medical Information Form

To help keep you informed of future events and help us understand the medical needs of your child, we are asking that you complete the following form. **This form must be completed for every child in attendance with a special need.** If you have a sibling attending with medical concerns, please complete the separate sibling form for them as well. **This form will NOT be shared with your child's buddy.**

Date Completed: _____

Child's name: _____

Child's age: _____

Parent's name: _____

Child's birthday: _____

Home address: _____

E-mail: _____

Home phone: _____

Cell phone (to be used at a contact number the night of the event): _____

*****MEDICAL INFORMATION*****

The medical information contained on this form will be kept confidential and will be available only to the medical team.

Pediatrician's name: _____

Pediatrician's Phone Number: _____

Child's current medical diagnosis/diagnoses:

Current medication list:

Medication Name	Reason for taking medication	Dosage/frequency

Does your child have any of the following medical conditions that we should be aware of? If so, please describe.

	Yes	No
Allergies (See below)		
Asthma		
Seizures		
Heart Conditions		
Other		

Allergies	Allergic Reaction

Please include any additional medical information on an attached sheet that you feel is necessary to share with our medical team. Please be reassured, you will be contacted immediately by our medical team if anything unexpected occurs throughout the evening.

For your convenience, we will keep your child's medical forms on file for future BREATHE events for one year. Please select the appropriate statement indicating your preference.

I agree that the BREATHE committee may keep _____ medical form on file for
(Child's name)

future Holy Angels BREATHE events within the next year. **I understand that it is my responsibility to notify the BREATHE committee of any changes to the above information.**

I **do not** want my child's medical form on file for future BREATHE events. It will be destroyed after the evening activities.

Parent/Guardian Signature

Date

Please **mail or email forms to the following BREATHE** committee member at least **five days prior** to BREATHE event:

Linda Haskenhoff
8851 King's Orchard Trail
Chagrin Falls, OH 44023
OR flhask@roadrunner.com