



Child Medical Information Form

Please note: The personal and medical information provided on this form will be used **solely for the purpose of ensuring the health, safety, and wellbeing of your child during the LEGO event.**

All information will be:

- Treated as **confidential**.
- Accessed only by **authorized event staff**.
- Stored **securely and not shared with third parties**, except in the event of a medical emergency or where required by law.

Event Name: Nia'Mya's LEGO Clubhouse

Date(s): January 31, 2026 February 28, 2026 March 28, 2026 April 25, 2026 May 30, 2026
 June 27, 2026 July 25, 2026 August 29, 2026 September 26, 2026 October 31, 2026
 November 21, 2026 December 19, 2026

Child's Full Name: _____

Date of Birth: _____

Age: _____

Parent / Guardian Name: _____

Phone: _____

Emergency Contact (if different):

Name: _____ **Phone:** _____

Medical Information: Does your child ave any medical conditions? No Yes (please tick all that apply):

Asthma Diabetes Epilepsy / Seizures Heart Condition

Other: _____

Does your child have any allergies? No Yes (please tick all that apply):

Food Medication Insect stings Environmental

Other: _____

Emergency Medication Carried by Child: None

Inhaler EpiPen Other: _____

Any additional needs or considerations? None

Learning / Behavioral Physical Sensory Other: _____

Consent: I confirm the information provided is accurate and I give permission for event organizers to seek medical assistance for my child if necessary.

Parent/Guardian Name: _____

Signature: _____

Date: _____

