



Child Information Form

First & Last Name: _____

Child Birth Date: _____ Sex _____

(Circle one)

Food or Medical Allergy: Yes or No _____

Take Medications: Yes or No _____

Asthma: Yes or No _____

Speech/Communication Difficulty: Yes or NO _____

Special Needs: Yes or No _____

Diaper Training: Trained Diaper Training

Please explain any YES answers from above and any special care needs that include, but not limited to, allergies, existing or previous illness or injuries, hospitalizations, medications prescribed for continuous use.

School Information: My child attends the following school and his/her immunization record is on file at the school and all immunizations, vision/hearing screening, and tuberculosis test are current as required by Family Protective Service.

Name of School: _____

Address: _____

Phone Number: _____