

C. Is your child allergic to insect bites? _____ yes _____ no

D. Date of last Tetanus shot: _____

E. List any medications your child is to take: _____

F. Should your child be restricted from any physical activities?
_____ yes _____ no (If yes, please explain): _____

G. Family doctor: _____ Phone #: _____

H. Medical Insurance Company _____

I.D. # _____

I. Special instructions regarding health emergencies: _____

III. FOOD INFORMATION:

A. Does your child require special food? _____ yes _____ no

B. Is your child allergic to any foods? _____ yes _____ no

If you answered yes to either A or B, please explain: _____

Every effort possible will be made to provide special foods when we are aware of special needs in advance. It should be remembered that the child should know his/her own dietary restrictions and eat accordingly.