



Does your child have any allergies? \_\_\_\_\_ If so, to what? \_\_\_\_\_

Does your child have medication for an allergic reaction? \_\_\_\_\_

Any other special notes or concerns? \_\_\_\_\_

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What do you most want your child to gain or accomplish from our program?

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Other important information about your child that will help us understand and care for him / her better. \_\_\_\_\_

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Parent's Name: \_\_\_\_\_

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