



Today's Date: \_\_/\_\_/\_\_\_\_

**MEDICAL/SPECIAL NEEDS INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

My child has the following condition or behaviour (medical, academic, social or emotional) that would require special attention: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Name	Relation to Child	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Schedule Start Date: \_\_\_\_\_

Signature: \_\_\_\_\_