Medical & Health History

Please provide your child's medical history to help us provide safe and appropriate care.

Question	Response
Does your child have any medical conditions?	_____
Does your child have any developmental concerns?	_____
Does your child have any physical limitations?	_____
Current Medications	_____
Special Medical Instructions	_____
Special Dietary Needs	_____
Does your child require an EpiPen or inhaler?	■ Yes ■ No
If yes, please explain	_____

Parent/Guardian Signature: _____

Date: _____