



Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

\*Does your child take any medications?  no  yes  
If yes, please list the medication(s) and dosage(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*If your child needs to take his/her medication during program hours, you **must** provide a written doctor's order.*

Does your child have any allergies we need to be aware of (foods, medications, insect bites, etc.)?  
 no  yes

If yes, please list allergen, reaction, and medical response required (*you may attach another sheet of paper if needed*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions or special needs that we need to be aware of?  
 no  yes

If yes, please explain (*you may attach another sheet of paper if needed*):

*Please note, the more information you can provide us about your child, the more positive their experience with our youth program will be.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date