



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTH AND BEHAVIOR NOTIFICATIONS

School Age/Day Camp

Child's Name _____

Date of Birth _____

Parent/ Guardians' Names _____

☐ My child has no health conditions or concerns at this time.

MEDICATIONS BEING TAKEN

All medication will be administered to the child only after the medication permission form is completed by the parent. Medication will only be given as directed in the parent handbook. Please list all medications (including over-the-counter or prescription drugs) taken routinely.

☐ Child takes no medication ☐ Child takes routine medication during the school year

The person takes the following medications:

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Allergy/ Restriction/ Medical Condition: _____

Reactions: _____

Instruction for care: _____

Please submit emergency action plan from a health physician with enrollment materials.

BEHAVIORAL/ SPECIAL NEEDS

Are there any behavioral or special needs your child may have? If so, please explain: _____

If your child has a documented Individual Education Plan (IEP) or Individual Family Services Plan (IFSP) please submit a copy with enrollment materials.

I, the undersigned, give consent to post information about my child's allergy, restriction, and/or medical condition throughout the program for safety purposes. ☐ Yes ☐ No

Parent/ Guardian Signature _____

Date _____