Dear Parents,

Your answers to the questions below will help us minister to your child. Most of these questions are needed for emergency situations only.

1. Is your child’s temperament passive or aggressive? _________________________________
   (Does he/she bite, hit, spit, pinch, scratch, or pull hair?) ___________________________

2. What is the current discipline plan and type of reward system used with your child?
   ____________________________________________________________________________

3. Allergies: What is he/she not allowed to eat? _________________________________
   ____________________________________________________________________________

4. What type of physical apparatus does your child use, if any?
   (i.e. braces, chair, walker, cane, wheelchair, standing frame) ________________________

5. Does your child require a changing table?  □ Yes  □ No

6. Does your child require a Special Ed. Nurse?  □ Yes  □ No

7. What is the developmental level of your child’s functioning? ________________________
   ____________________________________________________________________________

8. Physical documentation chart or physical assessment ________________________________
   ____________________________________________________________________________

9. Please list emergency phone numbers
   Home __________________________ Cell: __________________________ Pager: __________________________
   Doctor’s Name: __________________________ Telephone No.: __________________________

10. List medications currently prescribed by your child’s doctor.
    ____________________________________________________________________________
    ____________________________________________________________________________