

Special Needs Student Information Page:

Child's Full Name: _____ Called By: _____

Parent(s) Name: _____ Church Pager #: _____

Date of Birth: _____

Home Number: _____ Cell Number: _____

Address: _____

Email Address: _____

Emergency Contact: _____

Home Number: _____ Cell Number: _____

School Currently Attended By Your Child: _____

Tell Us About Your Child:

Classification: _____

Auditory Abilities/Disabilities: _____

Speech Abilities/Disabilities: _____

Reading Abilities/Disabilities: _____

Writing Abilities/Disabilities: _____

Physical Limitations (includes restrictions on exercise):

Is your child asthmatic? Yes or No

(If your child requires an epi-pen and is also asthmatic sometimes an allergic reaction can be more severe.)

Other Allergies: _____

Epi-Pen required for other allergies: Yes or No

If so, which allergy? _____

Medical Information:

A seizure action plan must be included or one filled out if your child has a seizure disorder!

What medications is your child currently taking?

1. _____
2. _____
3. _____
4. _____
5. _____

Will your child require any medication while in our care? Yes or No

If so, what medication?

1. _____
2. _____
3. _____

If more space is required, please include a copy of medications and attach them to this information page.

Does your child have seizures? Yes or No

If so, what types? _____

Diastat Prescribed? Yes or No

Epi-Pen Prescribed? Yes or No

Other Emergency Medications? Yes or No

If yes, please list them:

1. _____
2. _____
3. _____

Any known side-effects to your child's medication? _____

Helpful Information for Interaction with Your Child:

Please describe any "family words" or signs that your child recognizes:

What are some activities that your child enjoys most? _____

Are there any situations where your child is uncomfortable? (such as, large crowds, loud noises, etc.) _____

Are there any special snacks or treats that your child enjoys?

1. _____
2. _____
3. _____

Is there any other information that will be helpful to us when providing care for your child? _____

I understand, that in case of an emergency, Hebron Baptist Church, employees, agents, and/or sponsors will make every effort to contact me and or the person named above, however; should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for Hebron Baptist Church employees, agents, and/or sponsors to obtain emergency medical attention in case of sickness or injury to my child.

Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by Hebron Baptist Church employees, agents, and/or sponsors for the welfare of my child.

Parent/Guardian Signature

Date

Witness