Medical History (For non emergency and emergency use) One per family

Child One: Does your clif so, please explain:	hild have any allergies? yes	no
Does your child wear glass, please explain:	asses or use any special equ	ipment? yes no
Does your child have ar If so, please explain:	ny unique or special condition	ns? yes no _
Child Two: Does your cl If so, please explain:	hild have any allergies? yes	no
Does your child wear glass, please explain:	asses or use any special equ	ipment? yes no
Does your child have ar If so, please explain:	ny unique or special condition	s? yes no _
Print Name:	Signature:	Date:

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Child Three: Does your If so, please explain:	child have any allergies? yes	s no
Does your child wear g If so, please explain:	lasses or use any special equi	ipment? yes no
Does your child have a If so, please explain:	ny unique or special condition	s? yes no
Anything else about yo	ur child/ren that you would like	e us to know?
Print Name:	Signature:	Date: