

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

Child One: Does your child have any allergies? **yes** ___ **no** ___

If so, please explain:

Does your child wear glasses or use any special equipment? **yes** ___ **no** ___

If so, please explain:

Does your child have any unique or special conditions? **yes** ___ **no** ___

If so, please explain:

Child Two: Does your child have any allergies? **yes** ___ **no** ___

If so, please explain:

Does your child wear glasses or use any special equipment? **yes** ___ **no** ___

If so, please explain:

Does your child have any unique or special conditions? **yes** ___ **no** ___

If so, please explain:

Print Name: _____ Signature: _____ Date: _____

