



Children's Medical Intake Questionnaire

The following questions are asked for the benefit of your child and so that we may provide the safest environment and best experience for you, your child, and our ministry volunteers.

We respect your right to privacy. Any information share from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer all questions that apply to your child and please inform about anything we have not asked but would be helpful for us to know.

Child's Name: _____

My child has the following diagnosis, medical condition or learning difference:

My child has the following allergies and/or food sensitivities.

My child's allergies can be life threatening (yes or no)

My child's allergies require the use of an EpiPen (yes or no)

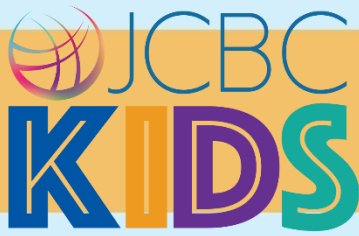
If Yes, the EpiPen is stored in _____

My child is prone to seizures (yes or no)

My child has a VNS to treat his or her seizures (yes or no)

My child's behavior may indicate a medical problem requiring immediate attention when:

Any other comments we should know about your child: _____



Children's Special Needs Intake Questionnaire

The following questions are asked for the benefit of your child and so that we may provide the safest environment and best experience for you, your child, and our ministry volunteers.

We respect your right to privacy. Any information share from this form is communicated directly with those caring for your child and only on a "need to know" basis. Please answer all questions that apply to your child and please inform about anything we have not asked but would be helpful for us to know.

Child's Name: _____

My child has the following diagnosis, medical condition or learning difference:

My child's main mode of functional communication is: (how my child best receives and processes information) _____

The goals I have for my child's development include: (social, behavioral, learning)

My child has the following areas of interest: _____

My child can do these things independently: _____

My child needs assistance with: _____

My child is uncomfortable with or has an aversion to: _____

A trigger-point for resistance, frustration, or a behavioral problem may emerge for my child when: _____

When/if my child experiences a period of frustration or agitation, he/she calms when:

My child benefits from sensory activities (yes or no)

If yes, especially _____

My child enjoys music. (yes or no)

My child seems most relaxed in setting (alone, with a few children, among many children)

My child is specifically particular about: _____

My child may be trying to communicate their need for _____ when he/she exhibits the following behavior: _____

My child's behavior may indicate a medical problem requiring immediate attention when:

Any other comments we should know about your child: _____
