

Child/Medical Information

The information you provide on this form will be used by Charger Kids Club staff to provide a safe and fun child care experience for your child. Charger Kids complies with state and federal data privacy laws

Child's Name: _____

Physician authorized to give emergency care to my child: _____

Telephone: _____ Insurance Company: _____

Group No. _____ Policy No. _____

Dentist authorized to give emergency care to my child: _____

Telephone: _____ Insurance Company: _____

Group No. _____ Policy No. _____

I agree to release District 466 Community Education and it's employees of all liability from accidents or injuries. In the event of an emergency, I give permission to Charger Kids staff to secure medical help, including the services of a rescue squad or emergency room of the nearest health facility. I understand that I will be responsible for all medical expenses.

Parent Signature

Date

Medical:

- Physical injuries/Problems? _____
- Medications taken daily? Y/N (Name) _____ (For Charger Kids staff to administer medications, parent must fill out a Permission to Medicate form).
- Chronic Illnesses? _____
- Allergies? _____
- Diet restrictions? _____

Mental/Behavioral/Emotional:

• Is your child currently receiving special services through the school district? Y N
If so, may we have a copy of their IEP (Individual Education Plan) or Section 504 Plan? Y N
My child's teacher is _____

- Is your child seeing a: Therapist Y N Counselor Y N Psychologist Y N
- Does your child have difficulties with: Aggression Y N Threatening Behaviors Y N
- Has your child been diagnosed with any of the following disorders: (please circle)

ADHD EBD ODD Depression Anxiety other _____

Describe your child's personality and temperament: _____

What discipline methods work best for your child? _____

How can our program best meet your family needs? _____

Are there any family circumstances that Charger Kids staff should be aware of to better care for your child?
