

Section III - Child's Health Information

Child's Medical/Health Needs

Child's Allergies/Treatment

Child's Dietary Needs/Restrictions

Child's Medication/s: *A Medication Form Must Be Completed For Each Medication Administered While In Program*

Section V - Transportation/Activity Authorization

Complete To Allow Child To Leave Program For Specific Activities With Specific People

| | | |
|----------------------------|----------------------|----------------------------------|
| Destination/Activity _____ | Departure Time _____ | Authorization Time Period: _____ |
| Authorized Person _____ | Return Time _____ | _____ |
| | | |
| Destination/Activity _____ | Departure Time _____ | Authorization Time Period: _____ |
| Authorized Person _____ | Return Time _____ | _____ |
| | | |
| Destination/Activity _____ | Departure Time _____ | Authorization Time Period: _____ |
| Authorized Person _____ | Return Time _____ | _____ |

Date

Signature of Authorized Family Member/Guardian