

<p>Physical Condition</p> <p>Please list any non-allergy physical/medical conditions that would be helpful for us to know about this child. There is space in the next box for allergies.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Is this child capable of walking 3 miles, with frequent rest stops, in the course of a day?</p> <p>_____ yes _____ no</p>	<p>Medications</p> <p>Is your child taking any medications? _____ yes _____ no</p> <p>If yes, please list and describe:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name of Medication</th> <th style="text-align: left;">Dosage & Instructions</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> </tr> <tr> <td>4) _____</td> <td>_____</td> </tr> </tbody> </table>	Name of Medication	Dosage & Instructions	1) _____	_____	2) _____	_____	3) _____	_____	4) _____	_____
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3) _____	_____										
4) _____	_____										
<p>Food Requests:</p> <p>Please indicate any dietary requests due to your child's preferences, religious practice, lactose intolerance, food sensitivity, or treatment for a behavioral condition. The following requests are NOT due to a food allergy:</p> <p>Please circle any that apply:</p> <p>No meat (vegetarian)</p> <p>No animal products (vegan)</p> <p>No pork</p> <p>No red meat</p> <p>No nuts</p> <p>No dairy (note <i>any</i> exceptions under "other")</p> <p>No wheat/gluten</p> <p>Other: _____</p> <p>_____</p>	<p>Allergies: Has your child been tested and diagnosed for a food allergy by a health care professional?</p> <p>Yes* _____ No** _____</p> <p>*If YES, a copy of a signed & completed (by the treating doctor) Food Allergy Action Plan must be attached to this form. Your child may not attend IslandWood without one.</p> <p>**If NO, DO NOT MARK THIS SECTION! List any food requests in the box on the left under Food Preferences.</p> <hr/> <p>Other Allergies (not food-related)</p> <p>_____</p> <p>_____</p> <p>_____</p>										
<p>Miscellaneous</p> <p>Is there anything else that you believe it is important we know in regards to your child's participation in this program? If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Health Care</p> <p>Name of physician: _____</p> <p>Physician's telephone: _____</p> <p>Is child covered by any medical insurance: _____ yes _____ no</p> <p>If so:</p> <p>Carrier: _____</p> <p>Subscriber's name</p>										

*****Please read and sign the front of this page.*****

