



Supplemental Information Questionnaire

The questions below are designed to help us understand and work effectively with your child. No child will be denied access based on the answers to the questions on this form. During your orientation sessions, you will have the opportunity to provide details to your child's specific needs to ensure your child's success in our programs.

Medical Information

Does your child have a life-threatening allergy that requires an EpiPen? Yes No

If yes, please list your child's allergies. _____

Does your child have asthma that requires use of an inhaler? Yes No

Please list any medications your child will take during Youth and Teen Center program hours and the times the medications should be taken. YTC staff does not administer medication. Only medication listed on this form — or, in the case of an illness, on the medication order form — will be permitted in the facility.

Please list any medications your child takes, regardless of whether they will be taken during YTC program hours.

Does your child have a history of seizures? Yes No

If so, what should YTC staff do if your child has a seizure during our program? _____

Does your child have any dietary restrictions? Yes No

If so, please explain. _____

Does your child have any physical limitations/restrictions? Yes No

If yes, please explain. _____

Does your child have any chronic conditions/illnesses? Yes No

If yes, please explain. _____

Does your child have any cognitive or developmental delays? Yes No

If yes, please explain. _____

Behavioral Information

Has your child experienced any emotional trauma? Yes No

Does your child have any unusual fears? Yes No

If yes, please explain. _____

Is your child easily upset? Yes No

If yes, what are his/her triggers? _____

What can be done to calm him/her? _____

Does your child have difficulty controlling his/her temper? Yes No

If yes, what are your child's triggers? _____

What can be done to calm your child? _____

Does your child have any other emotional/behavioral disorders? Yes No

If yes, please explain. _____

