MEDICAL INFORMATION

The following information will be held confidentially among the Green Gulch Children's Program staff.

Participant's Name
Parent's Name
Please check any of the following if your child has had:
Allergies
Asthma
Epilepsy
Diabetes
Hepatitis, HIV or AIDS related condition
Mental Illness (depression, anxiety disorder, eating
disorder, substance abuse, other)
Suicidal thoughts or attempts
Any conduct/behavioral issues (ie. ADD/ADHD)
Any learning differences (ie. Dyslexia)
Any recent traumatic experiences or death of a
relative, friend or family pet
Any other serious illness, injury, operations or
conditions
Current Prescription
Medication

For each "yes", if applicable, please name the condition, what circumstances precipitated it, causes, symptoms, treatment, duration of treatment and current state of condition. Your are welcome to use the bottom of this sheet for any further details you wish to include.

Thank	you	for	helpi	ng u	is to	care	for	your	child	d.	
			: :		: :				: : :		
			: :		: : :				: :		