

Individual Information Questionnaire

CHILD'S FULL NAME _____

- Please list any allergies, food related or others that your child has:

- Please list medication your child takes on a daily basis (what type, times given, for what purpose, any reactions).

- Please list any foods or beverages you do not want your child to eat (special snacks, treats brought by other children, etc.).

- Please list if there are any activities or cultural holidays in which you do not want your child to participate.

Parent or Guardian Signature

Date