**Temple Emanuel Torah Center 2016-2017 (5777)**

**MEDICAL INFORMATION FORM**

 **ALL INFORMATION IS CONFIDENTIAL**

**Please provide any additional information that can help us meet your child’s needs.**

Child’s Name\*\*:       DOB:       Grade:

*Does your child*:

Have any medical issues that will affect his/her time in Torah Center? Please describe:

Have any special learning needs or learn best in any specific types of educational settings? Please describe:

Follow a behavior modification program? Please describe:

Have an IEP or 504?       Would you be willing to share it with us?

Have any other special issues or needs?Please describe:

Please list any and all allergies:

Has your child been prescribed epinephrine or an Epi-Pen? If yes, please provide an Epi-Pen and an allergy action plan:

Is it ok to share this information with your child’s teachers? [ ] YES [ ]  NO

***Parent or Guardian signature:*** ***Date:***

**\*\**Please fill out a separate form for each child***