

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 _____
