

## Children with Special Needs/Allergy Form

Place a  
current  
picture of  
child here

Child's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_

Father's cell phone: \_\_\_\_\_

My child has the following **allergies**:

\_\_\_\_\_

\_\_\_\_\_

What are the symptoms for each **allergy** listed?

\_\_\_\_\_

\_\_\_\_\_

In the event the child comes into contact with the allergens listed what is the preferred, or required emergency medical treatment?

\_\_\_\_\_

\_\_\_\_\_

My child has the following **special needs**:

\_\_\_\_\_

\_\_\_\_\_

How do we best care for your child in his/her need?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else that you want us to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*The staff and leaders of FBC will attempt to contact the parents in case of an emergency, in the event that a parent is unable to be reached, FBC will administer the emergency medical treatment listed above, and/or call 911.\*\*