Child's Name	
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff of personnel in an emergency situation.	or medical
24	
☐ Not applicable	
List any additional information about your child that would be useful for staff to know, such as fears or ways that your child	prefers to
be comforted.	
□ Not applicable	
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.	
List Bry Buddorfal Information about your critic treat would be about 10 formation about 90 miles and 10 mile	
☐ Not applicable	
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior	needs.
□ Natassilaskia	
☐ Not applicable	

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