

Youth Information & Pick Up Card

Child's Name: _____ Age: _____

Is there a name your child prefers to be called? _____

Food Allergies: _____

Severity: _____ mild _____ moderate _____ severe Epi-pen required? _____

Other Allergies: _____

Severity: _____ mild _____ moderate _____ severe Epi-pen required? _____

Medical Concerns: _____

Does your child have asthma? _____ Triggers: _____ Use an inhaler? _____

Does your child get car sick? _____ Does anything help? _____

Behavioral Concerns: _____

How are they addressed at home? _____

Emotional Concerns: _____

How are they addressed at home? _____

Anything else we need to know about your child? _____

Parent Email: _____

Authorized Child Pick Up – In the order you wish them to be called

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

3. Name: _____ Relationship: _____

Phone: _____

4. Name: _____ Relationship: _____

Phone: _____

5. Name: _____ Relationship: _____

Phone: _____

Signature of parent/guardian who completed this form: _____

Name of parent/guardian who completed this form: _____ Date: _____