

CHILD QUESTIONNAIRE

Please take a moment to answer these important questions. This will be helpful in transitioning your child to Elf School. Also, please sign at the bottom confirming your understanding of the Parent Handbook.

CHILD'S

NAME: _____

Diagnosed allergies: _____

Epi Pen?: Yes/No _____

Asthma: Yes/No _____

Inhaler: Yes/No _____

Other medical conditions: _____

Child ever been stung by a bee? _____

Is your child receiving Child Find: Yes/No _____

Any other related services: Yes/No _____

Language spoken in the household: _____

I have read and understand the Parent Handbook

Signed _____

