



Special Medical and/or Custodial Conditions

Child's Name: _____ Date of Birth: _____

MEDICAL

1)	NO	YES	If Yes, please provide further information:
✦ Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
✦ Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
✦ Allergies to:			_____
Dairy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Egg	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other ⇨ please specify -			_____

✦ Special Dietary Need(s)/Food Restrictions:
Vegetarian ⇨ please specify - _____

Other ⇨ please specify - _____

2) Please list and describe any other medical conditions your child may have:

3) Please list any medications your child is currently taking:

SPECIAL INSTRUCTIONS

1) Signs/Symptoms to look for: _____

2) If signs/symptoms appear, take the following actions: _____

3) List preventive measures: _____

PICK-UP PROCEDURES

The pick-up procedures have been developed to keep your child(ren) safe while attending CMMS. In order for any person other than yourself, the legal parent/guardian, to pick-up your child(ren), the following procedures must be followed:

1. A signed, written authorization indicating the name of the individual picking up and the estimated time of their arrival to CMMS.
2. Personally inform the Administration.
3. Inform the individual to bring a picture ID.
4. Please do NOT give the door code to the individual picking up your child, instead ask them to ring the buzzer/bell at the main door.

CUSTODIAL (LEGAL DOCUMENTATION MUST BE SUBMITTED)

We understand that in special circumstances only certain individuals are authorized to pick-up your child. Please be aware that in order for CMMS to enforce any special custodial arrangements, we MUST have legal documentation on file to that effect.

Special Legal Arrangements – Please specify and submit legal documentation.
