



# Rock Brook for Kids Special Consideration Form

Child's first & last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### MEDICAL CONCERN

Allergy or Special Diet: \_\_\_\_\_

Typical Reaction: \_\_\_\_\_

Immediate action to take if ingestion is suspected: \_\_\_\_\_

*\*Please note: Parents / Guardian will be notified as soon as possible if ingestion is suspected.*

Call 911 / Emergency Medical Services if: \_\_\_\_\_

### Disability Understanding

Ambulatory: \_\_\_\_\_

Communicative: \_\_\_\_\_

Cognitive / Educational: \_\_\_\_\_

### Behavioral / Emotional Concerns

Concerns: \_\_\_\_\_

Suggested Intervention: \_\_\_\_\_

### Other Important Information We Should Know About Your Child (Please be specific)

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that the above has not changed from the information provided.	
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____