



# Supplemental Information Questionnaire

The questions below are designed to help us understand and work effectively with your child. No child will be denied access based on the answers to the questions on this form. During your orientation sessions, you will have the opportunity to provide details to your child's specific needs to ensure your child's success in our programs.

Medical Information

Does your child have a life-threatening allergy that requires an EpiPen? ☐ Yes ☐ No

If yes, please list your child's allergies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have asthma that requires use of an inhaler? ☐ Yes ☐ No

Please list any medications your child will take during Youth and Teen Center program hours and the times the medications should be taken. YTC staff does not administer medication. Only medication listed on this form — or, in the case of an illness, on the medication order form — will be permitted in the facility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child takes, regardless of whether they will be taken during YTC program hours.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a history of seizures? ☐ Yes ☐ No

If so, what should YTC staff do if your child has a seizure during our program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any dietary restrictions? ☐ Yes ☐ No

If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical limitations/restrictions? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic conditions/illnesses? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any cognitive or developmental delays? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Behavioral Information**

Has your child experienced any emotional trauma? ☐ Yes ☐ No

Does your child have any unusual fears? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child easily upset? ☐ Yes ☐ No

If yes, what are his/her triggers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can be done to calm him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have difficulty controlling his/her temper? ☐ Yes ☐ No

If yes, what are your child's triggers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can be done to calm your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other emotional/behavioral disorders? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_