ReginaldWilkerson Foundation and Mentoring LLC

AFTERSCHOOL AND SUMMER PROGRAM
SPECIALIZING IN ESE STUDENTS

Child Name _____ **Date**_____

Medical Information

Do your child have any of the following:

____ Vision

____ Hearing

____ Allergies If yes please list: _____

____ Asthma or any type of breathing problems.

____ heart problems

____ ADHA

____ Autism

____ depression or major depression

Does your child take any medication? Y/N If yes name and dose.

_____

_____

At Reginald Wilkerson Foundation and Mentoring LLC, Afterschool and Summer program we **DO NOT ADMINISTER MEDICATION** .

Are there any concerns we should know about your child? _____

_____

_____

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_____ _____

(Parent Signature) (Date)