

# Salesian Boys & Girls Club 2017 Member Medical Information

Insurance Carrier : \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Physician's Name & Hospital: \_\_\_\_\_

## **Medical Conditions**

Asthma  Diabetes  Hearing Impairment  Blindness  ADHD  AUTISM  Seizures  Mood Disorder  Headaches  Frequent Bloody nose  Other \_\_\_\_\_

Required Medication: \_\_\_\_\_

Are you concerned about a medical condition that will impact your child's time at the club?  YES  NO

Does your child self administer medication  YES  NO If so what medication does your child take ? \_\_\_\_\_

Does your child require an EPIPEN OR INHALER ?  YES  NO \_\_\_\_\_

Does your child use insulin  YES  NO

Are there any other medical concerns you would like us to know ?  
\_\_\_\_\_

## **Allergies**

Please check here if your child has no known allergies

Food:  Peanuts  Tree Nuts  Dairy/Lactose  Berries  Soy  Wheat  Seafood/Shellfish  Eggs

Other \_\_\_\_\_

Medicine:  Penicillin  Aspirin  Amoxicillin  Other \_\_\_\_\_

Environmental:  Bee Stings  Pollen  Dust  Mold  Grass  Other \_\_\_\_\_

Other  Latex  Perfumes  Lotions  Other \_\_\_\_\_

**Please indicate if your child could use support in the following areas:**

### **Communication**

Sign Language

Non-Verbal

**Other Areas:**  Transitioning from one activity to another

Overstimulation

Following Directions

Controlling Anger

Asking for help