

INDIVIDUAL INFORMATION QUESTIONNAIRE

Please list below:

If your child has any allergies, food related or others.

If your child takes medication on a daily basis (what type, times given, for what purpose, any reactions).

If there are any foods or beverages you do not want your child to eat (special snacks, treats brought by other children, etc.).

If there are any activities or cultural holidays in which you do not want your child to participate.

Parent or Guardian Signature

Date