

The Christian Academy of Winter Haven, Inc.

Questionnaire

1 Please list any special living situations of this student that the school needs to be aware of?

2 Does your child have any allergies? Yes No
 If so, please list them _____

3 Does your child have any special eating or drinking habits? Yes No
 If so, please list them _____

*Also, please let the school know, if you feel your child will require a packed lunch from home for any reason. Yes No

4 Does your child have any limitations that may hinder him/her from participating in physical activities? Yes No
 If so, please explain _____

5 Is your child on any medications (RX or over-the-counter) that the front office needs to be aware of, during school hours? Yes No
 If so, please list them _____

*** (If to be administered during school hours, please send in the original container with directions and note giving permission for nurse or administration to administer.)

Permission to Pick up this student:		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone: