



Play+ Camp Additional Health Questions

Student Name: _____

Date: _____

Please indicate any information regarding disabilities or special health care needs such as, allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease

Please indicate the presence of any known medical or emotional illness or disorder that poses a risk to other children or which affects the child's functional ability to participate safely in a Play+ Learning.

Parent Signature: _____