

MEDICAL AND SPECIFIC NEEDS FORM

*****Fill out only if information needs to be given.**

In an effort to better provide a positive and proper learning environment for our students, we feel it is important that we understand and be sensitive to each student's particular needs and/or special circumstances. *This information will be held in strict confidence.*

Please update each year and fill in a separate form for each child.

STUDENT'S NAME _____ GRADE: _____

PARENT'S NAME _____ PHONE # _____

This form will be kept with the school office, may we give a copy of this form to your child's teacher.
Yes___ No___

Would you like to discuss this more in depth with the Rabbi Shapiro? _____

Would you like to discuss this with your child's teacher(s)? _____

Describe any physical or learning challenges that might affect the student's performance and/or adjustment in school _____

Describe any medication which the student takes regularly (and when taken if this affects performance or attention during school hours) _____

Describe any family arrangements that might affect the student's attendance _____

Other pertinent student/family information that may help the school best meet the needs of your child

Detail any dietary restrictions other than allergens _____

How would you like the teacher to deal with these if another student brings in treats? _____

ALLERGY INFORMATION

In effort to best protect your child against allergic reactions, please address the questions below.

Please list all allergens that are not seasonal in nature (Please be as specific as possible – it would be helpful to know, particularly with food allergies, which items cause reactions rather than just a broad category):

What causes a reaction in your child for the allergens listed above (you may group them here if reactions are caused by the same situation).

	Allergen 1	Allergen 2	Allergen 3
Type of Allergen			
Reaction is caused by: (eating, smelling, primary contact with item, secondary contact, etc.)			
Nature of reaction:			
Treatment for reaction:			
Does the child carry medicine (tablets, drops, nasal spray, epi-pen, etc.) in case of reaction?			

*Please let us know if you would like us to keep allergy medicine/epi-pen that you bring in for your child in our office or in the classroom.