



Child Information – please complete a separate form for each child.

Name* _____

Parent(s) Name: _____

Address* _____

Date of birth* _____ Age Now: _____

Allergies _____

Diagnosis _____

Cell phone where you can be reached during Loving H.A.N.D.S.* _____

Home Phone* _____ Email* _____

Child's Physician and phone number* Name: _____ Phone number: _____

*indicates required field

QUESTIONS

We realize that at times kids can become over-stimulated and require some re-direction. What techniques, words or gestures do you use to re-direct?*

Are there any behaviors/symptoms we should be aware of in order to provide the best care for your child? (i.e. child may seem distant before a seizure, etc.)*

Here is your chance to dote on your kids!! Tell us the fun stuff – favorite hobbies, animals, colors, friends, what they do best, your favorite thing about them.*

(continued on next page)

What tasks does your child require assistance with? (i.e. eating, bathroom trips)
What can we do to best help?*

If your child is non-verbal are there any methods you use to facilitate communication? (i.e. sign language, boardmaker, dynavox, etc.)*

Does your child have a set behavior plan that we need to be aware of such as bathroom or eating schedule?*

Please describe any other special needs or requirements that your child may require so that we know how to better serve them.*

ANY ADDITIONAL INFORMATION

Please add any additional information that may help us to make you and your child's experience more comfortable.

Please mail or e-mail this information to us prior to the next Loving HANDS Event.

THE NEXT STEP: Join us at Loving HANDS. We can't wait to meet your family !!