

## ADDITIONAL CHILDREN FORM

### (2) Child's Information:

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	M / F
Date of Birth (MM/DD/YYYY)	Age	Gender
_____	_____	_____
Ethnicity	School Attending	Grade

### (2) Child's Medical Information:

_____	_____
Does your child have allergies?	Does your child have medical problems?
_____	
Does your child take any medications?	

### (3) Child's Information:

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	M / F
Date of Birth (MM/DD/YYYY)	Age	Gender
_____	_____	_____
Ethnicity	School Attending	Grade

### (3) Child's Medical Information:

_____	_____
Does your child have allergies?	Does your child have medical problems?
_____	
Does your child take any medications?	