

OLD ORCHARD BEACH RECREATION DEPARTMENT

CHILD CONCERN FORM

This form is being used to assist us to provide the best possible experience for your child while at camp or in one of our recreation programs. Please take the time to complete the form and return it to us before the start of the program. Your signature on this form gives us permission to share this information with those who will be working with your child.

Child's Name: \_\_\_\_\_ Date this form was completed: \_\_\_\_\_

Program(s) this child is participating in:

\_\_\_\_\_

Known behavior or health concerns which you want us to be aware of:

Parent(s) recommendation for us to assist your child:

Are there any situations that trigger this concern in your child?

Can you tell us what is typical and/or atypical behavior from your child?

While your child is attending school has there been any plan of action designed which has been effective? If yes, please let us know what it is.

Person(s) to contact when we want to share the joys and concerns of your child:

\_\_\_\_\_

This person's phone number is: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_