



Kidz KNECT Special Needs/Medical Form

Fort Mill Church of God, 221 Academy Street, Fort Mill SC 803/547-2629

Today's Date: _____

Section 1 – Basic Information

Child's Name _____ Child's Age _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Grade in School _____ School Attending _____

Medical Needs Only

____ Check here if Section 2 -5 are normal for your child's current age and development, and go to section 6.

Section 2 – Mobility and Toileting

Check Yes or No for each of the following statements.*

	Yes	No
Uses special equipment		
Needs assistance with walking		
Potty trained		
Will child ask to go to bathroom		
Wears diapers/pull-up		

Please note that parents will be notified of diaper/pull-up change for elementary age children.

Other function needs:

Section 3 – Communication

Ability to talk _____

Ability to hear _____

Ability to follow directions _____

Other communication needs _____



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Section 4 – Eating

Check Yes or No for each of the following statements.*

	Yes	No
Requires assistance with food/drink		
Uses special equipment for feeding		
Chokes easily		

Other feeding needs and allergies _____

Section 5 – Behavior Traits

Check Yes or No for each of the following statements.*

	Yes	No
Yells/cries/tantrums		
Hyperactive		
Will run from group/room		
Aggressive (including biting, kicking, scratching, Pulling hair, spitting, etc.)		
Aversion to touch or textures		
Upsets easily (loud noises, large groups, change in routine, parents leaving, etc.)		

*Please note that we are unable to restrain children and a parent/guardian will be called to come immediately.

Other behavioral needs/tips on how to respond to child _____

Section 6 – Medical Needs

Medical Diagnosis _____ Seizure _____ Asthma _____ N/A

Additional information/description in lay terms: _____





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Section 7 – Emergency Medications

Medication Name _____

How given _____ Dosage _____

When to give _____

Where is medication stored _____

Additional information _____

_____ Initial here if there are no emergency medications.

Section 8 – Emergency Contact Numbers

Name _____ Relationship _____

Contact Phone _____

Name _____ Relationship _____

Contact Phone _____

Section 9 – Routine Medications (for emergency communication purposes only)

Medication Name _____ Dosage _____

When given _____ How given _____

Medication Name _____ Dosage _____

When given _____ How given _____

Allergies: _____ none known allergies _____ Latex _____ Penicillin

Other _____

Allergy Note: Complete the Allergy Intake Form for all food allergies, environmental allergies, diet restrictions and special diet.





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Acknowledgment and content:

I, _____, do give Fort Mill Church of God Children's Ministry permission to care for my child. I understand that the caregivers are volunteers. I agree that my child has permission to participate in planned activities and I have disclosed all information about my child that may assist the team in caring for my child. I understand that this information will be shared with team members on a need to know basis and will not be kept confidential. I also understand if emergency medications are given or if my child experiences a seizure, or any other emergency deemed necessary by the Fort Mill Church of God staff, EMS will be called and I resume all responsibility for financial liability associated with the services initiated by staff or volunteers.

Parent/Guardian Signature _____ Date _____

Relationship _____





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